

United States Bankruptcy Court Northern District of Illinois							Voluntary Petition		
Name of Debtor (if individual, enter Last, First, Middle): Boxley, Tiffany S				Name of Joint Debtor (Spouse) (Last, First, Middle):					
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): Tiffany Washington				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):					
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 9058				Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all):					
Street Address of Debtor (No. & Street, City, State & Zip Code): 6336 S Ingleside Apt 2B Chicago, IL				Street Address of Joint Debtor (No. & Street, City, State & Zip Code):					
ZIPCODE 60637				ZIPCODE					
County of Residence or of the Principal Place of Business: Cook				County of Residence or of the Principal Place of Business:					
Mailing Address of Debtor (if different from street address)				Mailing Address of Joint Debtor (if different from street address):					
ZIPCODE				ZIPCODE					
Location of Principal Assets of Business Debtor (if different from street address above):				ZIPCODE					
Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____		Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other _____ Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input checked="" type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding _____ Nature of Debts (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input type="checkbox"/> Debts are primarily business debts.					
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.				Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,190,000. ----- Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).					
Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.							THIS SPACE IS FOR COURT USE ONLY		
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000									
Estimated Assets <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1 million to \$10 million <input type="checkbox"/> \$10 million to \$50 million <input type="checkbox"/> \$50 million to \$100 million <input type="checkbox"/> \$100 million to \$500 million <input type="checkbox"/> \$500,000 to \$1 billion <input type="checkbox"/> More than \$1 billion									
Estimated Liabilities <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1 million to \$10 million <input type="checkbox"/> \$10 million to \$50 million <input type="checkbox"/> \$50 million to \$100 million <input type="checkbox"/> \$100 million to \$500 million <input type="checkbox"/> \$500,000 to \$1 billion <input type="checkbox"/> More than \$1 billion									

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Boxley, Tiffaney S	
Prior Bankruptcy Case Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed: ND Of IL	Case Number: 06-05123	Date Filed: 5/8/06	
Location Where Filed: ND Of IL	Case Number: 05-04713	Date Filed: 2/12/05	
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: None	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code. <div style="display: flex; justify-content: space-between;"> X <u>/s/ Troy L Gleason</u> 10/10/08 </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Signature of Attorney for Debtor(s) Date </div>	
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached a made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box.) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.) <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) <div style="text-align: center; margin-bottom: 10px;"> <hr style="width: 80%; margin: 0 auto;"/> (Name of landlord or lessor that obtained judgment) </div> <div style="text-align: center; margin-bottom: 10px;"> <hr style="width: 80%; margin: 0 auto;"/> (Address of landlord or lessor) </div> <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

Voluntary Petition (This page must be completed and filed in every case)		Name of Debtor(s): Boxley, Tiffany S	
Signatures			
Signature(s) of Debtor(s) (Individual/Joint) I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. X <u>/s/ Tiffany S Boxley</u> Signature of Debtor Tiffany S Boxley X _____ Signature of Joint Debtor _____ Telephone Number (If not represented by attorney) October 10, 2008 Date		Signature of a Foreign Representative I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition. (Check only one box.) <input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached. <input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached. X _____ Signature of Foreign Representative _____ Printed Name of Foreign Representative _____ Date	
Signature of Attorney* X <u>/s/ Troy L Gleason</u> Signature of Attorney for Debtor(s) Troy L Gleason 6276510 Printed Name of Attorney for Debtor(s) Gleason & Gleason Firm Name 77 W Washington, Ste 1218 Address Chicago, IL 60602 (312) 578-9530 Telephone Number October 10, 2008 Date *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.		Signature of Non-Attorney Petition Preparer I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached. _____ Printed Name and title, if any, of Bankruptcy Petition Preparer _____ Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.) _____ Address X _____ Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above. _____ Date Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual: If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person. <i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.</i>	
Signature of Debtor (Corporation/Partnership) I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition. X _____ Signature of Authorized Individual _____ Printed Name of Authorized Individual _____ Title of Authorized Individual _____ Date			

United States Bankruptcy Court
Northern District of Illinois

IN RE:

Boxley, Tiffany S

Debtor(s)

Case No. _____

Chapter 13

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE
WITH CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☐ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.] [Summarize exigent circumstances here.]*

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Tiffany S Boxley

Date: October 10, 2008

**United States Bankruptcy Court
Northern District of Illinois**

IN RE:

Case No. _____

Boxley, Tiffany SChapter **13**

Debtor(s)

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NUMBER OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 0.00		
B - Personal Property	Yes	3	\$ 16,584.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$ 17,704.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	5		\$ 13,558.00	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			\$ 3,310.79
J - Current Expenditures of Individual Debtor(s)	Yes	1			\$ 2,629.00
TOTAL		16	\$ 16,584.00	\$ 31,262.00	

**United States Bankruptcy Court
Northern District of Illinois**

IN RE:

Case No. _____

Boxley, Tiffany SChapter **13**

Debtor(s)

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 0.00

State the following:

Average Income (from Schedule I, Line 16)	\$ 3,310.79
Average Expenses (from Schedule J, Line 18)	\$ 2,629.00
Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C Line 20)	\$ 3,724.50

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 5,204.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 13,558.00
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 18,762.00

Case No. _____

(If known)

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
None				

(Report also on Summary of Schedules)

IN RE **Boxley, Tiffaney S**

Debtor(s)

Case No. _____

(If known)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		Cash on Hand		50.00
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Checking account w / Savings Account w/		0.00 0.00
3. Security deposits with public utilities, telephone companies, landlords, and others.		Security Deposit w/ Landlord - \$ - No value to the Debtor		832.00
4. Household goods and furnishings, include audio, video, and computer equipment.		Household goods, including but not limited to: TVs, chairs, tables, sofas, bedroom furniture, some kitchen appliances.		1,000.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		Books, Pictures, and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles		250.00
6. Wearing apparel.		Used Clothing		250.00
7. Furs and jewelry.		Misc Costume Jewelry		75.00
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Term life thru work - no cash value		0.00
10. Annuities. Itemize and name each issue.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		401(k) with current employer - 100% Exempt		1,627.00
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			

IN RE **Boxley, Tiffaney S**

Case No. _____

Debtor(s)

(If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		07 Dodge Magnum		12,500.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			

IN RE **Boxley, Tiffany S**

Debtor(s)

Case No. _____

(If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
TOTAL				16,584.00

IN RE Boxley, Tiffaney S Case No. _____ Debtor(s) _____ (If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under:
 (Check one box)

☐ Check if debtor claims a homestead exemption that exceeds \$136,875.

- ☐ 11 U.S.C. § 522(b)(2)
☒ 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
<u>SCHEDULE B - PERSONAL PROPERTY</u>			
Cash on Hand	735 ILCS 5 §12-1001(b)	50.00	50.00
Security Deposit w/ Landlord - \$ - No value to the Debtor	735 ILCS 5 §12-1001(b)	832.00	832.00
Household goods, including but not limited to: TVs, chairs, tables, sofas, bedroom furniture, some kitchen appliances.	735 ILCS 5 §12-1001(b)	1,000.00	1,000.00
Books, Pictures, and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles	735 ILCS 5 §12-1001(a)	250.00	250.00
Used Clothing	735 ILCS 5 §12-1001(a)	250.00	250.00
Misc Costume Jewelry	735 ILCS 5 §12-1001(b)	75.00	75.00
401(k) with current employer - 100% Exempt	735 ILCS 5 §12-1006(a)	1,627.00	1,627.00
07 Dodge Magnum	735 ILCS 5 §12-1001(c)	2,400.00	12,500.00

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 30000168335781000 Drive Financial 8585 N Stemmons Fwy Ste Dallas, TX 75247		Installment account opened 2/08 PMSI on 07 Dodge Magnum				17,704.00	5,204.00
		VALUE \$ 12,500.00					
ACCOUNT NO.							
		VALUE \$					
ACCOUNT NO.							
		VALUE \$					
ACCOUNT NO.							
		VALUE \$					
Subtotal (Total of this page)						\$ 17,704.00	\$ 5,204.00
Total (Use only on last page)						\$ 17,704.00	\$ 5,204.00

0 continuation sheets attached

(Report also on
Summary of
Schedules.)

(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

IN RE **Boxley, Tiffaney S**

Debtor(s)

Case No. _____

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

0 continuation sheets attached

IN RE **Boxley, Tiffaney S**

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 1100157356338 ADT Security Po Box 371490 Pittsburgh, PA 15250		Collections				270.00
ACCOUNT NO. 36927025 Asset Acceptance Llc Po Box 2036 Warren, MI 48090		Open account opened 4/08				580.00
ACCOUNT NO. First Cash Advance		Assignee or other notification for: Asset Acceptance Llc				
ACCOUNT NO. 77332400398343 At&T Po Box 8100 Aurora, IL 60507		Collections				332.00

4 continuation sheets attached

Subtotal
(Total of this page) \$ **1,182.00**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules and, if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)

\$

IN RE **Boxley, Tiffaney S**

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. NM1983838 Audit System 3696 Ulmerton Rd Te 200 Clearwater, FL 33762		Collections				170.00
ACCOUNT NO. Global Cash Access		Assignee or other notification for: Audit System				
ACCOUNT NO. Horseshoe Casino		Assignee or other notification for: Audit System				
ACCOUNT NO. 517805730750 Cap One Po Box 85015 Richmond, VA 23285		Revolving account opened 5/08				422.00
ACCOUNT NO. 675240-130555 City Of Chicago Water Dept Po Box 6330 Chicago, IL 60680		Collections				542.00
ACCOUNT NO. 07D003777 Clerk Of The Circuit Court Cook County Attn NSF 50 W Washington Ste 1005 Chicago, IL 60602		Collections				188.00
ACCOUNT NO. 780217601 Collection 15 Union St Lawrence, MA 01840						316.00

Sheet no. 1 of 4 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **1,638.00**

Total
 (Use only on last page of the completed Schedule F. Report also on
 the Summary of Schedules, and if applicable, on the Statistical
 Summary of Certain Liabilities and Related Data.) \$

IN RE **Boxley, Tiffaney S**

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 11 Us Cellular Chicago Nw In 869		Assignee or other notification for: Collection				
ACCOUNT NO. 0921159042 Com Ed Customer Care Center PO Box 805379 Chicago, IL 60680-5379		Utility or Cellular Service				1,343.00
ACCOUNT NO. 33650817 Credit Management Lp 4200 International Pkwy Carrollton, TX 75007		Open account opened 2/07				226.00
ACCOUNT NO. Wow Internet And Cable Servic		Assignee or other notification for: Credit Management Lp				
ACCOUNT NO. 1440467245 Credit Protection Asso 13355 Noel Rd Ste 2100 Dallas, TX 75240		Open account opened 12/07				304.00
ACCOUNT NO. Comcast		Assignee or other notification for: Credit Protection Asso				
ACCOUNT NO. 13232725 Harris And Harris Ltd 600 W Jackson Blvd Ste 4 Chicago, IL 60661		Open account opened 6/08				2,674.00

Sheet no. **2** of **4** continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **4,547.00**

Total
 (Use only on last page of the completed Schedule F. Report also on
 the Summary of Schedules, and if applicable, on the Statistical
 Summary of Certain Liabilities and Related Data.) \$

IN RE **Boxley, Tiffaney S**

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Peoples Gas		Assignee or other notification for: Harris And Harris Ltd				
ACCOUNT NO. 187737 National Quick Cash 8202 S Stony Island Chicago, IL 60617		Loan				800.00
ACCOUNT NO. 17024366 Progressive Mgmt Syste 1521 W Cameron Ave Fl 1 West Covina, CA 91790		Open account opened 6/08				1,584.00
ACCOUNT NO. Sprint/united Management Compa		Assignee or other notification for: Progressive Mgmt Syste				
ACCOUNT NO. 49202615600 Redcats USA Chadwicks Po Box 4400 Taunton, MA 02780		Collections				212.00
ACCOUNT NO. 49102141300 Redcats USA Metrostyle Po Box 4400 Taunton, MA 02780		Collections				334.00
ACCOUNT NO. 836r025008 Rjm Acq Llc		Open account opened 2/08				78.00

Sheet no. **3** of **4** continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **3,008.00**

Total
 (Use only on last page of the completed Schedule F. Report also on
 the Summary of Schedules, and if applicable, on the Statistical
 Summary of Certain Liabilities and Related Data.) \$

IN RE **Boxley, Tiffaney S**

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Black Expressions Book Club		Assignee or other notification for: Rjm Acq Llc				
ACCOUNT NO. 212125543 Sprint Nextel 2001 Edmund Halley Drive Reston, VA 20191		Collections				1,583.00
ACCOUNT NO. Progressive Management System 1521 W Cameron Ave West Covina, CA 91793		Assignee or other notification for: Sprint Nextel				
ACCOUNT NO. 1753339 Suburban Bank And Trust Po Box 419 Elmhurst, IL 60126		Collections				620.00
ACCOUNT NO. 15144706 West Asset 2703 W Highway 75 Sherman, TX 75092						980.00
ACCOUNT NO. At T		Assignee or other notification for: West Asset				
ACCOUNT NO.						

Sheet no. **4** of **4** continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **3,183.00**

Total
 (Use only on last page of the completed Schedule F. Report also on
 the Summary of Schedules, and if applicable, on the Statistical
 Summary of Certain Liabilities and Related Data.) \$ **13,558.00**

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

IN RE **Boxley, Tiffaney S**

Debtor(s)

Case No. _____

(If known)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on From 22A, 22B, or 22C.

Debtor's Marital Status Single	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S):	AGE(S): 15 9 7
EMPLOYMENT: DEBTOR		SPOUSE
Occupation Bus Operator Name of Employer CTA - New Income Attn Payroll How long employed 2 years and 3 months Address of Employer 567 W Lake St 3rd Fl Chicago, IL 60661		

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Current monthly gross wages, salary, and commissions (prorate if not paid monthly)

DEBTOR	SPOUSE
\$ 3,258.67	\$ _____
\$ _____	\$ _____

2. Estimated monthly overtime

\$ _____	\$ _____
----------	----------

3. SUBTOTAL

\$ 3,258.67	\$ _____
--------------------	----------

4. LESS PAYROLL DEDUCTIONS

a. Payroll taxes and Social Security

\$ 476.67	\$ _____
------------------	----------

b. Insurance

\$ 82.27	\$ _____
-----------------	----------

c. Union dues

\$ 60.67	\$ _____
-----------------	----------

d. Other (specify) **Deferred Comp**

\$ 82.27	\$ _____
-----------------	----------

\$ _____	\$ _____
----------	----------

5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ 701.88	\$ _____
------------------	----------

6. TOTAL NET MONTHLY TAKE HOME PAY

\$ 2,556.79	\$ _____
--------------------	----------

7. Regular income from operation of business or profession or farm (attach detailed statement)

\$ _____	\$ _____
----------	----------

8. Income from real property

\$ _____	\$ _____
----------	----------

9. Interest and dividends

\$ _____	\$ _____
----------	----------

10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above

\$ 754.00	\$ _____
------------------	----------

11. Social Security or other government assistance

(Specify) _____

\$ _____	\$ _____
----------	----------

\$ _____	\$ _____
----------	----------

12. Pension or retirement income

\$ _____	\$ _____
----------	----------

13. Other monthly income

(Specify) _____

\$ _____	\$ _____
----------	----------

\$ _____	\$ _____
----------	----------

\$ _____	\$ _____
----------	----------

14. SUBTOTAL OF LINES 7 THROUGH 13

\$ 754.00	\$ _____
------------------	----------

15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

\$ 3,310.79	\$ _____
--------------------	----------

16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)

\$ 3,310.79

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:
None

IN RE **Boxley, Tiffaney S**

Debtor(s)

Case No. _____

(If known)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$ 870.00
a. Are real estate taxes included? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
b. Is property insurance included? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
2. Utilities:	
a. Electricity and heating fuel	\$ 250.00
b. Water and sewer	\$ _____
c. Telephone	\$ 100.00
d. Other _____	\$ _____
3. Home maintenance (repairs and upkeep)	\$ _____
4. Food	\$ 650.00
5. Clothing	\$ 100.00
6. Laundry and dry cleaning	\$ 50.00
7. Medical and dental expenses	\$ 55.00
8. Transportation (not including car payments)	\$ 200.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$ _____
10. Charitable contributions	\$ _____
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner's or renter's	\$ _____
b. Life	\$ _____
c. Health	\$ _____
d. Auto	\$ 154.00
e. Other _____	\$ _____
12. Taxes (not deducted from wages or included in home mortgage payments)	
(Specify) _____	\$ _____
13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)	
a. Auto	\$ _____
b. Other _____	\$ _____
14. Alimony, maintenance, and support paid to others	\$ _____
15. Payments for support of additional dependents not living at your home	\$ _____
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$ _____
17. Other Personal Care & Grooming	\$ 100.00
School Expenses	\$ 100.00

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.

\$ **2,629.00**

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document:

Nov debtor's income will be paid at 18.80/80hrs - as reflected on schedule I

20. STATEMENT OF MONTHLY NET INCOME

a. Average monthly income from Line 15 of Schedule I	\$ 3,310.79
b. Average monthly expenses from Line 18 above	\$ 2,629.00
c. Monthly net income (a. minus b.)	\$ 681.79

IN RE **Boxley, Tiffany S**

Debtor(s)

Case No. _____

(If known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 18 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: **October 10, 2008** Signature: **/s/ Tiffany S Boxley**
Tiffany S Boxley

Debtor

Date: _____ Signature: _____
(Joint Debtor, if any)
[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the _____ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the _____ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: _____ Signature: _____

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

Page 24 of 76
United States Bankruptcy Court
Northern District of Illinois

IN RE:

Case No. _____

Boxley, Tiffaney SChapter **13**

Debtor(s)

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

- None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

2,970.00 2008 Income from employment (monthly)**15,442.00 2007 Income from employment****22,563.00 2006 Income from employment****2. Income other than from employment or operation of business**

- None ☐ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

75.00 2006-present child support (monthly)**3. Payments to creditors****Complete a. or b., as appropriate, and c.**

- None ☒ **a. Individual or joint debtor(s) with primarily consumer debts:** List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☐ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

None ☒ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

5. Repossessions, foreclosures and returns

None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

None ☒ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

10. Other transfers

None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

11. Closed financial accounts

None ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

12. Safe deposit boxes

None ☐ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

None ☐ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

None ☐ List all property owned by another person that the debtor holds or controls.

15. Prior address of debtor

None ☐ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

16. Spouses and Former Spouses

None ☐ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None ☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None ☐ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

None ☒ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: October 10, 2008 Signature /s/ Tiffaney S Boxley
of Debtor **Tiffaney S Boxley**

Date: _____ Signature _____
of Joint Debtor
(if any)

_____ **0** continuation pages attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

United States Bankruptcy Court
Northern District of Illinois

IN RE:

Case No. _____

Boxley, Tiffaney S

Chapter 13

Debtor(s)

VERIFICATION OF CREDITOR MATRIX

Number of Creditors 21

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: October 10, 2008

/s/ Tiffaney S Boxley

Debtor

Joint Debtor

Boxley, Tiffaney S
6336 S Ingleside Apt 2B
Chicago, IL 60637

Com Ed
Customer Care Center
PO Box 805379
Chicago, IL 60680-5379

Sprint Nextel
2001 Edmund Halley Drive
Reston, VA 20191

Gleason & Gleason
77 W Washington, Ste 1218
Chicago, IL 60602

Credit Management Lp
4200 International Pkwy
Carrollton, TX 75007

Suburban Bank And Trust
Po Box 419
Elmhurst, IL 60126

ADT Security
Po Box 371490
Pittsburgh, PA 15250

Credit Protection Asso
13355 Noel Rd Ste 2100
Dallas, TX 75240

West Asset
2703 W Highway 75
Sherman, TX 75092

Asset Acceptance Llc
Po Box 2036
Warren, MI 48090

Drive Financial
8585 N Stemmons Fwy Ste
Dallas, TX 75247

At&T
Po Box 8100
Aurora, IL 60507

Harris And Harris Ltd
600 W Jackson Blvd Ste 4
Chicago, IL 60661

Audit System
3696 Ulmerton Rd Te 200
Clearwater, FL 33762

National Quick Cash
8202 S Stony Island
Chicago, IL 60617

Cap One
Po Box 85015
Richmond, VA 23285

Progressive Management System
1521 W Cameron Ave
West Covina, CA 91793

City Of Chicago Water Dept
Po Box 6330
Chicago, IL 60680

Progressive Mgmt Syste
1521 W Cameron Ave Fl 1
West Covina, CA 91790

Clerk Of The Circuit Court Cook County
Attn NSF
50 W Washington Ste 1005
Chicago, IL 60602

Redcats USA
Chadwicks
Po Box 4400
Taunton, MA 02780

Collection
15 Union St
Lawrence, MA 01840

Redcats USA
Metrostyle
Po Box 4400
Taunton, MA 02780

**United States Bankruptcy Court
Northern District of Illinois**

IN RE:

Case No. _____

Boxley, Tiffany SChapter **13**

Debtor(s)

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$ **3,500.00**

Prior to the filing of this statement I have received \$ _____

Balance Due \$ **3,500.00**

2. The source of the compensation paid to me was: ☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is: ☒ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
 - e. [Other provisions as needed]
6. By agreement with the debtor(s), the above disclosed fee does not include the following services:
Litigation / Adversary Proceedings
Credit Counseling Fees

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

October 10, 2008

Date

/s/ Troy L. Gleason

Signature of Attorney

Gleason & Gleason

Name of Law Firm



CTA Employee Self Service

[Home](#) [Logout](#) [Preferences](#)

Payslip

Employee Name **Tiffany Boxley**
Organization Email Address

Employee Number **44631**
Business Group **Chicago Transit Authority**

Choose a Payslip 03-SEP-2008 - 44631 - Check 1

Employee	Tiffany S. Boxley	Organization	103rd Street Scheduled Transit Operations
Social Security Number	344-66-9058	Location	103Rd Street Garage
Badge Number	44631	Bargaining Unit	241 Amalgamated Transit (Bus) Union Local 241
Employee Address	6336 South Ingleside apt. 2b Chicago IL 60637	Job Title	Bus Operator.241
Latest Hire Date	19-Jun-2006	Position	0000060099.0110.Bus Operator.PTT.STO
Original Hire Date	19-Jun-2006	Grade	W.H463.Y2011
		Payroll	Surface

Pay Period and Salary

Pay Period	Payment Date	Pay Begin Date	Pay End Date	Pay Rate
Bi-Week	03-Sep-2008	10-Aug-2008	23-Aug-2008	18.81

Summary

	Gross	Pre-Tax	Taxes	Deductions	Net Pay
Current	1,265.62	75.94	179.99	56.08	953.61
YTD	22,904.59	1,291.01	3,290.54	724.59	17,598.45

Hours and Earnings

Description	Current Hours	Current Amount	YTD Hours	YTD Amount
Vehicle Trans Wk HR			12.50	206.04
Traffic Delay HR	1.00	18.85	8.60	159.50
Weekly OT HR			2.00	37.62
Ext Revenue Serv HR			4.90	87.71
F L S A HR			3.00	52.79
Regular Time HR	66.20	1,246.77	1,203.10	22,076.32
A1 Verify Dev 92			8.00	150.47
A1 DMG to Schd WC			0.80	14.29

Contract Adj	119.85
--------------	--------

Rate Details**Pre-Tax Deductions**

Description	Current	YTD
Def 457	37.97	687.14
HC Trust	37.97	603.87

Taxes

Description	Current	YTD
Federal Tax	47.49	889.93
Social Security	78.46	1,420.08
Medicare	18.35	332.12
IL State Tax	35.69	648.41

After-Tax Deductions

Description	Current	YTD
Special Dues		105.95
L241 Union Dues	56.08	618.64

Tax Withholding Information

Type	Marital Status	Exemptions	Additional Amount	Override Amount	Override Percentage
Federal Single		5	0.00	0.00	0
Illinois Not Used		0	0.00	0.00	0

Net Pay Distribution

Check/Deposit Number	Bank Name	Account Type	Account Number	Amount
296540722	BANK OF AMERICA C		XXXXXX2584	953.61

TP Pay Distribution

Check/Deposit Number	Bank Name	Account Type	Account Number	Amount
No results found.				



CTA Employee Self Service

[Home](#) [Logout](#) [Preferences](#)

Payslip

Employee Name **Tiffany Boxley** Employee Number **44631**
Organization Email Address Business Group **Chicago Transit Authority**

Choose a Payslip 17-SEP-2008 - 44631 - Check 1

Employee	Tiffany S. Boxley	Organization	103rd Street Scheduled Transit Operations
Social Security Number	344-66-9058	Location	103Rd Street Garage
Badge Number	44631	Bargaining Unit	241 Amalgamated Transit (Bus) Union Local 241
Employee Address	6336 South Ingleside apt. 2b Chicago IL 60637	Job Title	Bus Operator.241
Latest Hire Date	19-Jun-2006	Position	000060099.0110.Bus Operator.PTT.STO
Original Hire Date	19-Jun-2006	Grade	W.H463.Y2011
		Payroll	Surface

Pay Period and Salary

Pay Period	Payment Date	Pay Begin Date	Pay End Date	Pay Rate
Bi-Week	17-Sep-2008	24-Aug-2008	06-Sep-2008	18.81

Summary

	Gross	Pre-Tax	Taxes	Deductions	Net Pay
Current	964.04	57.84	114.07	0.00	792.13
YTD	23,868.63	1,348.85	3,404.61	724.59	18,390.58

Hours and Earnings

Description	Current Hours	Current Amount	YTD Hours	YTD Amount
Vehicle Trans Wk HR	3.50	65.83	16.00	271.87
Traffic Delay HR			8.60	159.50
Weekly OT HR			2.00	37.62
Ext Revenue Serv HR			4.90	87.71
F L S A HR			3.00	52.79
Regular Time HR	47.20	888.80	1,250.30	22,965.12
A1 Verify Dev 92			8.00	150.47
A1 DMG to Schd WC	0.50	9.41	1.30	23.70



CTA Employee Self Service

[Home](#) [Logout](#) [Preferences](#)

Payslip

Employee Name **Tiffany Boxley** Employee Number **44631**
Organization Email Address Business Group **Chicago Transit Authority**

Choose a Payslip 01-OCT-2008 - 44631 - Check 1

Employee	Tiffany S. Boxley	Organization	103rd Street Scheduled Transit Operations
Social Security Number	344-66-9058	Location	103Rd Street Garage
Badge Number	44631	Bargaining Unit	241 Amalgamated Transit (Bus) Union Local 241
Employee Address	6336 South Ingleside apt. 2b Chicago IL 60637	Job Title	Bus Operator.241
Latest Hire Date	19-Jun-2006	Position	0000060099.0110.Bus Operator.PTT.STO
Original Hire Date	19-Jun-2006	Grade	W.H463.Y2011
		Payroll	Surface

Pay Period and Salary

Pay Period	Payment Date	Pay Begin Date	Pay End Date	Pay Rate
Bi-Week	01-Oct-2008	07-Sep-2008	20-Sep-2008	18.81

Summary

	Gross	Pre-Tax	Taxes	Deductions	Net Pay
YTD	24,864.20	1,408.59	3,524.91	780.67	19,150.03
Current	995.57	59.74	120.30	56.08	759.45

Hours and Earnings

Description	Current Hours	Current Amount	YTD Hours	YTD Amount
Vehicle Trans Wk HR			16.00	271.87
Traffic Delay HR			8.60	159.50
Weekly OT HR			2.00	37.62
Ext Revenue Serv HR			4.90	87.71
F L S A HR	2.40	45.40	5.40	98.19
Regular Time HR	49.20	927.59	1,299.50	23,892.71
A1 Verify Dev 92			8.00	150.47
A1 DMG to Schd WC	1.20	22.58	2.50	46.28

http://acerpprd.cta.local:8081/OA_HTML/RF.jsp?function_id=12204&resp_id=51645&re... 10/8/2008



CTA Employee Self Service

[Home](#) [Logout](#) [Preferences](#)

Payslip

Employee Name **Tiffany Boxley** Employee Number **44631**
Organization Email Address Business Group **Chicago Transit Authority**

Choose a Payslip 02-APR-2008 - 44631 - Check 1

Employee	Tiffany S. Boxley	Organization	103rd Street Scheduled Transit Operations
Social Security Number	344-66-9058	Location	103Rd Street Garage
Badge Number	44631	Bargaining Unit	241 Amalgamated Transit (Bus) Union Local 241
Employee Address	6336 South Ingleside apt. 2b Chicago IL 60637	Job Title	Bus Operator.241
Latest Hire Date	19-Jun-2006	Position	0000060099.0110.Bus Operator.PTT.STO
Original Hire Date	19-Jun-2006	Grade	W.H463
		Payroll	Surface

Pay Period and Salary

Pay Period	Payment Date	Pay Begin Date	Pay End Date	Pay Rate
Bi-Week	02-Apr-2008	09-Mar-2008	22-Mar-2008	18.81

Summary

	Gross	Pre-Tax	Taxes	Deductions	Net Pay
Current	1,367.75	82.06	205.09	53.29	1,027.31
YTD	8,723.04	381.07	1,252.22	383.62	6,706.13

Hours and Earnings

Description	Current Hours	Current Amount	YTD Hours	YTD Amount
Vehicle Trans Wk HR			12.50	206.04
Traffic Delay HR	1.40	26.34	3.20	57.68
Ext Revenue Serv HR			4.90	87.71
F L S A HR			1.60	26.34
Regular Time HR	71.20	1,341.41	473.10	8,334.75
A1 DMG to Schd WC			0.60	10.52

Rate Details

http://acerpprd.cta.local:8081/OA_HTML/OA.jsp?_rc=PAY_PAYSLIP_TOP_SS&_ri=80... 10/1/2008

Pre-Tax Deductions

Description	Current	YTD
Def 457	41.03	261.69
HC Trust	41.03	119.38

Taxes

Description	Current	YTD
Federal Tax	61.89	334.65
Social Security	84.80	540.83
Medicare	19.83	126.48
IL State Tax	38.57	250.26

After-Tax Deductions

Description	Current	YTD
Special Dues		39.80
L241 Union Dues	53.29	343.82

Tax Withholding Information

Type	Marital Status	Exemptions	Additional Amount	Override Amount	Override Percentage
Federal	Single	5	0.00	0.00	0
Illinois	Not Used	0	0.00	0.00	0

Net Pay Distribution

Check/Deposit Number	Bank Name	Account Type	Account Number	Amount
281461694	SUBURBAN BANK & TRUST	C	XXX3339	1,027.31

TP Pay Distribution

Check/Deposit Number	Bank Name	Account Type	Account Number	Amount
No results found.				

[Home](#) | [Logout](#) | [Preferences](#)

Copyright (c) Chicago Transit Authority

[Privacy Statement](#)



CTA Employee Self Service

[Home](#) [Logout](#) [Preferences](#)

Payslip

Employee Name **Tiffany Boxley** Employee Number **44631**
Organization Email Address Business Group **Chicago Transit Authority**

Choose a Payslip 30-APR-2008 - 44631 - Check 1

Employee Name	Tiffany S. Boxley	Organization	103rd Street Scheduled Transit Operations
Social Security Number	344-66-9058	Location	103Rd Street Garage
Badge Number	44631	Bargaining Unit	241 Amalgamated Transit (Bus) Union Local 241
Employee Address	6336 South Ingleside apt. 2b Chicago IL 60637	Job Title	Bus Operator.241
Latest Hire Date	19-Jun-2006	Position	000060099.0110.Bus Operator.PTT.STO
Original Hire Date	19-Jun-2006	Grade	W.H463
		Payroll	Surface

Pay Period and Salary

Pay Period	Payment Date	Pay Begin Date	Pay End Date	Pay Rate
Bi-Week	30-Apr-2008	06-Apr-2008	19-Apr-2008	18.81

Summary

	Gross	Pre-Tax	Taxes	Deductions	Net Pay
Current	1,394.19	83.66	211.60	0.00	1,098.93
YTD	11,488.87	606.07	1,659.24	383.62	8,839.94

Hours and Earnings

Description	Current Hours	Current Amount	YTD Hours	YTD Amount
Vehicle Trans Wk HR			12.50	206.04
Traffic Delay HR			3.20	57.68
Ext Revenue Serv HR			4.90	87.71
F L S A HR			1.60	26.34
Regular Time HR	73.90	1,390.42	613.50	10,976.96
A1 DMG to Schd WC	0.20	3.77	0.80	14.29
Contract Adj				119.85

Rate Details

Pre-Tax Deductions

Description	Current	YTD
Def 457	41.83	344.67
HC Trust	41.83	261.40

Taxes

Description	Current	YTD
Federal Tax	65.62	453.85
Social Security	86.44	712.31
Medicare	20.22	166.59
IL State Tax	39.32	326.49

After-Tax Deductions

Description	Current	YTD
Special Dues		39.80
L241 Union Dues		343.82

Tax Withholding Information

Type	Marital Status	Exemptions	Additional Amount	Override Amount	Override Percentage
Federal	Single	5	0.00	0.00	0
Illinois	Not Used	0	0.00	0.00	0

Net Pay Distribution

Check/Deposit Number	Bank Name	Account Type	Account Number	Amount
284255903	SUBURBAN BANK & TRUST	C	XXX3339	1,098.93

TP Pay Distribution

Check/Deposit Number	Bank Name	Account Type	Account Number	Amount
No results found.				

[Home](#) | [Logout](#) | [Preferences](#)

Copyright (c) Chicago Transit Authority

[Privacy Statement](#)



CTA Employee Self Service

[Home](#) [Logout](#) [Preferences](#)

Payslip

Employee Name **Tiffany Boxley** Employee Number **44631**
Organization Email Address Business Group **Chicago Transit Authority**

Choose a Payslip 28-MAY-2008 - 44631 - Check 1

Employee	Tiffany S. Boxley	Organization	103rd Street Scheduled Transit Operations
Social Security Number	344-66-9058	Location	103Rd Street Garage
Badge Number	44631	Bargaining Unit	241 Amalgamated Transit (Bus) Union Local 241
Employee Address	6336 South Ingleside apt. 2b Chicago IL 60637	Job Title	Bus Operator.241
Latest Hire Date	19-Jun-2006	Position	000060099.0110.Bus Operator.PTT.STO
Original Hire Date	19-Jun-2006	Grade	W.H463
		Payroll	Surface

Pay Period and Salary

Pay Period	Payment Date	Pay Begin Date	Pay End Date	Pay Rate
Bi-Week	28-May-2008	04-May-2008	17-May-2008	18.81

Summary

	Gross	Pre-Tax	Taxes	Deductions	Net Pay
YTD	14,372.12	779.07	2,105.73	436.91	11,050.41
Current	1,452.36	87.14	225.88	0.00	1,139.34

Hours and Earnings

Description	Current Hours	Current Amount	YTD Hours	YTD Amount
Vehicle Trans Wk HR			12.50	206.04
Traffic Delay HR			3.20	57.68
Weekly OT HR			2.00	37.62
Ext Revenue Serv HR			4.90	87.71
F L S A HR			3.00	52.79
Regular Time HR	77.20	1,452.36	763.30	13,796.14
A1 DMG to Schd WC			0.80	14.29
Contract Adj				119.85

Rate Details

Pre-Tax Deductions

Description	Current	YTD
Def 457	43.57	431.17
HC Trust	43.57	347.90

Taxes

Description	Current	YTD
Federal Tax	73.82	598.46
Social Security	90.04	891.07
Medicare	21.06	208.40
IL State Tax	40.96	407.80

After-Tax Deductions

Description	Current	YTD
Special Dues		39.80
L241 Union Dues		397.11

Tax Withholding Information

Type	Marital Status	Exemptions	Additional Amount	Override Amount	Override Percentage
Federal	Single	5	0.00	0.00	0
Illinois	Not Used	0	0.00	0.00	0

Net Pay Distribution

Check/Deposit Number	Bank Name	Account Type	Account Number	Amount
286953416	SUBURBAN BANK & TRUST	C	XXX3339	1,139.34

TP Pay Distribution

Check/Deposit Number	Bank Name	Account Type	Account Number	Amount
No results found.				



CTA Employee Self Service

[Home](#) [Logout](#) [Preferences](#)

Payslip

Employee Name **Tiffany Boxley** Employee Number **44631**
Organization Email Address Business Group **Chicago Transit Authority**

Choose a Payslip 11-JUN-2008 - 44631 - Check 1

Employee	Tiffany S. Boxley	Organization	103rd Street Scheduled Transit Operations
Social Security Number	344-66-9058	Location	103Rd Street Garage
Badge Number	44631	Bargaining Unit	241 Amalgamated Transit (Bus) Union Local 241
Employee Address	6336 South Ingleside apt. 2b Chicago IL 60637	Job Title	Bus Operator.241
Latest Hire Date	19-Jun-2006	Position	000060099.0110.Bus Operator.PTT.STO
Original Hire Date	19-Jun-2006	Grade	W.H463
		Payroll	Surface

Pay Period and Salary

Pay Period	Payment Date	Pay Begin Date	Pay End Date	Pay Rate
Bi-Week	11-Jun-2008	18-May-2008	31-May-2008	18.81

Summary

	Gross	Pre-Tax	Taxes	Deductions	Net Pay
YTD	15,506.35	847.13	2,253.60	490.20	11,915.42
Current	1,134.23	68.06	147.87	53.29	865.01

Hours and Earnings

Description	Current Hours	Current Amount	YTD Hours	YTD Amount
Vehicle Trans Wk HR			12.50	206.04
Traffic Delay HR	0.60	11.30	3.80	68.98
Weekly OT HR			2.00	37.62
Ext Revenue Serv HR			4.90	87.71
F L S A HR			3.00	52.79
Regular Time HR	59.70	1,122.93	823.00	14,919.07
A1 DMG to Schd WC			0.80	14.29
Contract Adj				119.85

Rate Details

Pre-Tax Deductions

Description	Current	YTD
Def 457	34.03	465.20
HC Trust	34.03	381.93

Taxes

Description	Current	YTD
Federal Tax	29.12	627.58
Social Security	70.32	961.39
Medicare	16.44	224.84
IL State Tax	31.99	439.79

After-Tax Deductions

Description	Current	YTD
Special Dues		39.80
L241 Union Dues	53.29	450.40

Tax Withholding Information

Type	Marital Status	Exemptions	Additional Amount	Override Amount	Override Percentage
Federal Single		5	0.00	0.00	0
Illinois	Not Used	0	0.00	0.00	0

Net Pay Distribution

Check/Deposit Number	Bank Name	Account Type	Account Number	Amount
288373458	BANK OF AMERICA C		XXXXXX2584	0.00
9863140				865.01

TP Pay Distribution

Check/Deposit Number	Bank Name	Account Type	Account Number	Amount
No results found.				

[Home](#) | [Logout](#) | [Preferences](#)

Copyright (c) Chicago Transit Authority

[Privacy Statement](#)



CTA Employee Self Service

[Home](#) [Logout](#) [Preferences](#)

Payslip

Employee Name **Tiffany Boxley** Employee Number **44631**
Organization Email Address Business Group **Chicago Transit Authority**

Choose a Payslip 25-JUN-2008 - 44631 - Check 1

Employee	Tiffany S. Boxley	Organization	103rd Street Scheduled Transit Operations
Social Security Number	344-66-9058	Location	103Rd Street Garage
Badge Number	44631	Bargaining Unit	241 Amalgamated Transit (Bus) Union Local 241
Employee Address	6336 South Ingleside apt. 2b Chicago IL 60637	Job Title	Bus Operator.241
Latest Hire Date	19-Jun-2006	Position	0000060099.0110.Bus Operator.PTT.STO
Original Hire Date	19-Jun-2006	Grade	W.H463
		Payroll	Surface

Pay Period and Salary

Pay Period	Payment Date	Pay Begin Date	Pay End Date	Pay Rate
Bi-Week	25-Jun-2008	01-Jun-2008	14-Jun-2008	18.81

Summary

	Gross	Pre-Tax	Taxes	Deductions	Net Pay
YTD	16,850.71	927.79	2,452.95	490.20	12,979.77
Current	1,344.36	80.66	199.35	0.00	1,064.35

Hours and Earnings

Description	Current Hours	Current Amount	YTD Hours	YTD Amount
Vehicle Trans Wk HR			12.50	206.04
Traffic Delay HR			3.80	68.98
Weekly OT HR			2.00	37.62
Ext Revenue Serv HR			4.90	87.71
F L S A HR			3.00	52.79
Regular Time HR	71.40	1,344.36	894.40	16,263.43
A1 DMG to Schd WC			0.80	14.29
Contract Adj				119.85

Rate Details

Pre-Tax Deductions

Description	Current	YTD
Def 457	40.33	505.53
HC Trust	40.33	422.26

Taxes

Description	Current	YTD
Federal Tax	58.59	686.17
Social Security	83.35	1,044.74
Medicare	19.50	244.34
IL State Tax	37.91	477.70

After-Tax Deductions

Description	Current	YTD
Special Dues		39.80
L241 Union Dues		450.40

Tax Withholding Information

Type	Marital Status	Exemptions	Additional Amount	Override Amount	Override Percentage
Federal	Single	5	0.00	0.00	0
Illinois	Not Used	0	0.00	0.00	0

Net Pay Distribution

Check/Deposit Number	Bank Name	Account Type	Account Number	Amount
289828482	BANK OF AMERICA C		XXXXXX2584	1,064.35

TP Pay Distribution

Check/Deposit Number	Bank Name	Account Type	Account Number	Amount
No results found.				

[Home](#) | [Logout](#) | [Preferences](#)

Copyright (c) Chicago Transit Authority

[Privacy Statement](#)



CTA Employee Self Service

[Home](#) [Logout](#) [Preferences](#)

Payslip

Employee Name **Tiffany Boxley** Employee Number **44631**
Organization Email Address Business Group **Chicago Transit Authority**

Choose a Payslip 09-JUL-2008 - 44631 - Check 1

Employee	Tiffany S. Boxley	Organization	103rd Street Scheduled Transit Operations
Social Security Number	344-66-9058	Location	103Rd Street Garage
Badge Number	44631	Bargaining Unit	241 Amalgamated Transit (Bus) Union Local 241
Employee Address	6336 South Ingleside apt. 2b Chicago IL 60637	Job Title	Bus Operator.241
Latest Hire Date	19-Jun-2006	Position	0000060099.0110.Bus Operator.PTT.STO
Original Hire Date	19-Jun-2006	Grade	W.H463
		Payroll	Surface

Pay Period and Salary

Pay Period	Payment Date	Pay Begin Date	Pay End Date	Pay Rate
Bi-Week	09-Jul-2008	15-Jun-2008	28-Jun-2008	18.81

Summary

	Gross	Pre-Tax	Taxes	Deductions	Net Pay
YTD	18,126.69	1,004.35	2,635.49	546.28	13,940.57
Current	1,275.98	76.56	182.54	56.08	960.80

Hours and Earnings

Description	Current Hours	Current Amount	YTD Hours	YTD Amount
Vehicle Trans Wk HR			12.50	206.04
Traffic Delay HR	1.20	22.61	5.00	91.59
Weekly OT HR			2.00	37.62
Ext Revenue Serv HR			4.90	87.71
F L S A HR			3.00	52.79
Regular Time HR	66.60	1,253.37	961.00	17,516.80
A1 DMG to Schd WC			0.80	14.29
Contract Adj				119.85

Rate Details

Pre-Tax Deductions

Description	Current	YTD
Def 457	38.28	543.81
HC Trust	38.28	460.54

Taxes

Description	Current	YTD
Federal Tax	48.95	735.12
Social Security	79.11	1,123.85
Medicare	18.50	262.84
IL State Tax	35.98	513.68

After-Tax Deductions

Description	Current	YTD
Special Dues		39.80
L241 Union Dues	56.08	506.48

Tax Withholding Information

Type	Marital Status	Exemptions	Additional Amount	Override Amount	Override Percentage
Federal	Single	5	0.00	0.00	0
Illinois	Not Used	0	0.00	0.00	0

Net Pay Distribution

Check/Deposit Number	Bank Name	Account Type	Account Number	Amount
291171740	BANK OF AMERICA C		XXXXXX2584	960.80

TP Pay Distribution

Check/Deposit Number	Bank Name	Account Type	Account Number	Amount
No results found.				

NON-NEGOTIABLE

PC: 41 Org: 1111 Pl: 17 Employee#: 44631
TO: Tiffany S. Boxley
6336 South Ingleside apt.
Chicago IL 60637

Total:	\$880.18
Checking Account	XXXXXX2584
Account Type	Deposit Amt.
DIRECT DEPOSIT DISTRIBUTION	

DEPOSIT AMOUNT

DATE 07/23/2008
ADVICE # 292581956



MESSAGE:

SSN:		Employee #:		TAX DATA:		AFTER-TAX DEDUCTIONS	
6336 South Ingleside apt. 2b		44631		Federal		IL State	
Chicago IL 60637		Position Title: Bus Operator		Marital Status: Single		Allowances: 5	
		Base Rate: 18.808		Addl. Pct.: 0		Addl. Amt.: 0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
				0		0	
</							

NON-NEGOTIABLE

PC: 41 Org: 1111 PI: 17 Employee#: 44631
TO: Tiffany S. Boxley
6336 South Ingleside apt.
Chicago IL 60637

DIRECT DEPOSIT DISTRIBUTION
Account Type
Account#
Deposit Amt.
Checking Account XXXXXX2584
Total: \$941.21

DEPOSIT AMOUNT

DATE 08/06/2008
ADVICE # 293994950



MESSAGE:

Tiffany S. Boxley 6336 South Ingleside apt. 2b Chicago IL 60637										SSN:	
Employee #:		44631		Position Title: Bus Operator		Base Rate:		18.808			
TAX DATA:											
Federal		Single		Not Used		Addl. Pct.:		0		0	
Marital Status:		5		0		Addl. Amt.:		0		0	
AFTER-TAX DEDUCTIONS											
Description		YTD		Current		Description		YTD		Current	
Regular Pay		71.30		1,343.04		1,107.20		20,230.29		Federal Tax	
Overtime 1		0.00		2.00		37.62		IL State Tax		37.87	
Contract Adj		0.00		0.00		119.85		Medicare		19.47	
Blk / Rster Adj		0.00		8.80		164.76		Total:		199.02	
								BEFORE-TAX DEDUCTIONS			
								Description		YTD	
								Def Comp 457		40.29	
								HC Trust		40.29	
								Total:		533.31	
TOTAL GROSS											
TOTAL TAXES		1,262.46		19,402.63		2,972.16		199.02		202.81	
TOTAL DEDUCTIONS		1,343.04		20,552.52		1,118.00		20,552.52		15,761.96	
NET PAY		941.21		15,761.96							
SUMMARY											
Description		Hours		Earnings		Hours		Earnings		Description	
Vacation Balance:										Vacation Balance:	
Holiday Balance:										Holiday Balance:	
VACATION AND HOLIDAY BALANCES											
Total:		71.30		1,343.04		1,118.00		20,552.52			
CURRENT											
Description		YTD		Current		Description		YTD		Current	
Regular Pay		71.30		1,343.04		1,107.20		20,230.29		Federal Tax	
Overtime 1		0.00		2.00		37.62		IL State Tax		37.87	
Contract Adj		0.00		0.00		119.85		Medicare		19.47	
Blk / Rster Adj		0.00		8.80		164.76		Total:		199.02	
								BEFORE-TAX DEDUCTIONS			
								Description		YTD	
								Def Comp 457		40.29	
								HC Trust		40.29	
								Total:		533.31	
TOTAL GROSS											
TOTAL TAXES		1,262.46		19,402.63		2,972.16		199.02		202.81	
TOTAL DEDUCTIONS		1,343.04		20,552.52		1,118.00		20,552.52		15,761.96	
NET PAY		941.21		15,761.96							
SUMMARY											
Description		Hours		Earnings		Hours		Earnings		Description	
Vacation Balance:										Vacation Balance:	
Holiday Balance:										Holiday Balance:	
VACATION AND HOLIDAY BALANCES											
Total:		71.30		1,343.04		1,118.00		20,552.52			
CURRENT											
Description		YTD		Current		Description		YTD		Current	
Regular Pay		71.30		1,343.04		1,107.20		20,230.29		Federal Tax	
Overtime 1		0.00		2.00		37.62		IL State Tax		37.87	
Contract Adj		0.00		0.00		119.85		Medicare		19.47	
Blk / Rster Adj		0.00		8.80		164.76		Total:		199.02	
								BEFORE-TAX DEDUCTIONS			
								Description		YTD	
								Def Comp 457		40.29	
								HC Trust		40.29	
								Total:		533.31	
TOTAL GROSS											
TOTAL TAXES		1,262.46		19,402.63		2,972.16		199.02		202.81	
TOTAL DEDUCTIONS		1,343.04		20,552.52		1,118.00		20,552.52		15,761.96	
NET PAY		941.21		15,761.96							
SUMMARY											
Description		Hours		Earnings		Hours		Earnings		Description	
Vacation Balance:										Vacation Balance:	
Holiday Balance:										Holiday Balance:	
VACATION AND HOLIDAY BALANCES											
Total:		71.30		1,343.04		1,118.00		20,552.52			
CURRENT											
Description		YTD		Current		Description		YTD		Current	
Regular Pay		71.30		1,343.04		1,107.20		20,230.29		Federal Tax	
Overtime 1		0.00		2.00		37.62		IL State Tax		37.87	
Contract Adj		0.00		0.00		119.85		Medicare		19.47	
Blk / Rster Adj		0.00		8.80		164.76		Total:		199.02	
								BEFORE-TAX DEDUCTIONS			
								Description		YTD	
								Def Comp 457		40.29	
								HC Trust		40.29	
								Total:		533.31	
TOTAL GROSS											
TOTAL TAXES		1,262.46		19,402.63		2,972.16		199.02		202.81	
TOTAL DEDUCTIONS		1,343.04		20,552.52		1,118.00		20,552.52		15,761.96	
NET PAY		941.21		15,761.96							
SUMMARY											
Description		Hours		Earnings		Hours		Earnings		Description	
Vacation Balance:										Vacation Balance:	
Holiday Balance:										Holiday Balance:	
VACATION AND HOLIDAY BALANCES											
Total:		71.30		1,343.04		1,118.00		20,552.52			
CURRENT											
Description		YTD		Current		Description		YTD		Current	
Regular Pay		71.30		1,343.04		1,107.20		20,230.29		Federal Tax	
Overtime 1		0.00		2.00		37.62		IL State Tax		37.87	
Contract Adj		0.00		0.00		119.85		Medicare		19.47	
Blk / Rster Adj		0.00		8.80		164.76		Total:		199.02	
								BEFORE-TAX DEDUCTIONS			
								Description		YTD	
								Def Comp 457		40.29	
								HC Trust		40.29	
								Total:		533.31	
TOTAL GROSS											
TOTAL TAXES		1,262.46		19,402.63		2,972.16		199.02		202.81	
TOTAL DEDUCTIONS		1,343.04		20,552.52		1,118.00		20,552.52		15,761.96	
NET PAY		941.21		15,761.96							
SUMMARY											
Description		Hours		Earnings		Hours		Earnings		Description	
Vacation Balance:										Vacation Balance:	
Holiday Balance:										Holiday Balance:	
VACATION AND HOLIDAY BALANCES											
Total:		71.30		1,343.04		1,118.00		20,552.52			
CURRENT											
Description		YTD		Current		Description		YTD		Current	
Regular Pay		71.30		1,343.04		1,107.20		20,230.29		Federal Tax	
Overtime 1		0.00		2.00		37.62		IL State Tax		37.87	
Contract Adj		0.00		0.00		119.85		Medicare		19.47	
Blk / Rster Adj		0.00		8.80		164.76		Total:		199.02	
								BEFORE-TAX DEDUCTIONS			
								Description		YTD	
								Def Comp 457		40.29	
								HC Trust		40.29	
								Total:		533.31	
TOTAL GROSS											
TOTAL TAXES		1,262.46		19,402.63		2,972.16		199.02		202.81	
TOTAL DEDUCTIONS		1,343.04		20,552.52		1,118.00		20,552.52		15,761.96	
NET PAY		941.21		15,761.96							
SUMMARY											
Description		Hours		Earnings		Hours		Earnings		Description	
Vacation Balance:										Vacation Balance:	
Holiday Balance:										Holiday Balance:	
VACATION AND HOLIDAY BALANCES											
Total:		71.30		1,343.04		1,118.00		20,552.52			
CURRENT											
Description		YTD		Current		Description		YTD		Current	
Regular Pay		71.30		1,343.04		1,107.20		20,230.29		Federal Tax	
Overtime 1		0.00		2.00		37.62		IL State Tax		37.87	
Contract Adj		0.00		0.00		119.85		Medicare		19.47	
Blk / Rster Adj		0.00		8.80		164.76		Total:		199.02	
								BEFORE-TAX DEDUCTIONS			
								Description		YTD	
								Def Comp 457		40.29	
								HC Trust		40.29	
								Total:		533.31	
TOTAL GROSS											
TOTAL TAXES		1,262.46		19,402.63		2,972.16		199.02		202.81	
TOTAL DEDUCTIONS		1,343.04		20,552.52		1,118.00		20,552.52		15,761.96	
NET PAY		941.21		15,761.96							
SUMMARY											
Description		Hours		Earnings		Hours		Earnings		Description	
Vacation Balance:										Vacation Balance:	
Holiday Balance:										Holiday Balance:	
VACATION AND HOLIDAY BALANCES											
Total:		71.30		1,343.04		1,118.00		20,552.52			
CURRENT											
Description		YTD		Current		Description		YTD		Current	
Regular Pay		71.30		1,343.04		1,107.20		20,230.29		Federal Tax	
Overtime 1		0.00		2.00		37.62		IL State Tax		37.87	
Contract Adj		0.00		0.00		119.85		Medicare		19.47	
Blk / Rster Adj		0.00		8.80		164.76		Total:		199.02	
								BEFORE-TAX DEDUCTIONS			
								Description		YTD	
								Def Comp 457		40.29	
								HC Trust		40.29	
								Total:		533.31	
TOTAL GROSS											
TOTAL TAXES		1,262.46		19,402.63		2,972.16		199.02		202.81	
TOTAL DEDUCTIONS		1,343.04		20,552.52		1,118.00		20,552.52		15,761.96	
NET PAY		941.21		15,761.96							
SUMMARY											
Description		Hours		Earnings		Hours		Earnings		Description	
Vacation Balance:										Vacation Balance:	
Holiday Balance:										Holiday Balance:	
VACATION AND HOLIDAY BALANCES											
Total:		71.30		1,343.04		1,118.00		20,552.52			
CURRENT											
Description		YTD		Current		Description		YTD		Current	
Regular Pay		71.30		1,343.04		1,107.20		20,230.29		Federal Tax	
Overtime 1		0.00		2.00		37.62		IL State Tax		37.87	
Contract Adj		0.00		0.00		119.85		Medicare		19.47	
Blk / Rster Adj		0.00		8.80		164.76		Total:		199.02	
								BEFORE-TAX DEDUCTIONS			
								Description		YTD	
								Def Comp 457		40.29	
								HC Trust		40.29	
								Total:		533.31	
TOTAL GROSS											
TOTAL TAXES		1,262.46		19,402.63		2,972.16		199.02		202.81	
TOTAL DEDUCTIONS		1,343.04		20,552.52		1,118.00		20,552.52		15,761.96	
NET PAY		941.21		15,761.96							
SUMMARY											
Description		Hours		Earnings		Hours		Earnings		Description	
Vacation Balance:										Vacation Balance:	
Holiday Balance:										Holiday Balance:	
VACATION AND HOLIDAY BALANCES											
Total:		71.30		1,343.04		1,118.00		20,552.52			
CURRENT											
Description		YTD		Current		Description		YTD		Current	
Regular Pay		71.30		1,343.04		1,107.20		20,230.29		Federal Tax	
Overtime 1		0.00		2.00		37.62		IL State Tax		37.87	
Contract Adj		0.00		0.00		119.85		Medicare		19.47	
Blk / Rster Adj		0.00		8.80		164.76		Total:		199.02	
								BEFORE-TAX DEDUCTIONS			
								Description		YTD	
								Def Comp 457		40.29	
								HC Trust		40.29	
								Total:		533.31	
TOTAL GROSS											
TOTAL TAXES		1,262.46		19,402.63		2,972.16		199.02		202.81	
TOTAL DEDUCTIONS		1,343.04		20,552.52		1,118.00		20,552.52		15,761.96	
NET PAY		941.21		15,761.96							
SUMMARY											
Description		Hours		Earnings		Hours		Earnings		Description	
Vacation Balance:										Vacation Balance:	
Holiday Balance:											

Employee Statement of Earnings and Deductions

Pay Org:	1111	Place:	17
Pay Begin Date:	07/13/2008	Advice #:	293994950
Pay End Date:	07/26/2008	Advice Date:	08/06/2008



Tiffany S. Boxley
6336 South Ingleside apt. 2b
Chicago IL 60637
SSN:

Employee #: 44631
Position Title: Bus Operator
Base Rate: 18.808

TAX DATA: Federal
Marital Status: Single
Allowances: 5
Addl. Pct.: 0
Addl. Amt.: 0
Not Used: 0

NON-NEGOTIABLE

PC: 41 Org: 1111 Pl: 17 Employee#: 44631
TO: Tiffany S. Boxley
6336 South Ingleside apt.
Chicago IL 60637

DIRECT DEPOSIT DISTRIBUTION	
Account Type	Account#
Checking Account	XXXXXXXXX2584
Total:	\$882.88

DEPOSIT AMOUNT

DATE 08/20/2008
ADVICE # 294926907



Tiffanley S. Boxley 6336 South Ingleside apt. 2b Chicago IL 60637										SSN:	
Employee #:		44631		Base Rate:		18.808		TAX DATA:		Federal	
Position Title:		Bus Operator		Addl. Pct.:		0		Addl. Amt.:		0	
Marital Status:		Single		Allowances:		5		Not Used		0	
Employee Statement of Earnings and Deductions											

HOURS AND EARNINGS										Description	
Current		Hours		Earnings		Hours		Earnings		Description	
YTD		57.70		1,086.45		1,175.70		21,638.97		Regular Pay	
		0.00		0.00		0.00		0.00		Contract Adj	
		8.80		164.76		37.62				Bik / Rstler Adj	
		2.00								Overtime 1	
BEFORE-TAX DEDUCTIONS										Total:	
Current		32.59		649.17		32.59		649.17		Def Comp 457	
YTD		32.59		649.17		32.59		649.17		HC Trust	
AFTER-TAX DEDUCTIONS										Total:	
Current		138.39		3,110.55		138.39		3,110.55		Total:	
YTD		138.39		3,110.55		138.39		3,110.55		Total:	
Description		67.36		1,341.62		67.36		1,341.62		Social Security	
		24.63		842.44		24.63		842.44		Federal Tax	
		30.64		612.72		30.64		612.72		IL State Tax	
		15.76		313.77		15.76		313.77		Medicare	
										Union Dues	
										Special Dues	
Current		105.95		562.56		105.95		562.56		YTD	
YTD		105.95		562.56		105.95		562.56		YTD	

SUMMARY		TOTAL GROSS		FED TAXABLE GROSS		TOTAL TAXES		TOTAL DEDUCTIONS		NET PAY	
Current:		1,086.45		20,423.90		3,110.55		1,883.58		882.88	
YTD:		21,638.97		1,021.27		3,110.55		1,883.58		16,644.84	





Employee Statement of Earnings and Deductions

Tiffany S. Boxley 6336 South Ingleside apt. 2b Chicago IL 60637		Employee #: 44631 Position Title: Bus Operator Base Rate: 18.808	TAX DATA: Federal IL State Marital Status: Single Not Used Allowances: 5 0 Addl. Pct.: 0 0 Addl. Amt.: 0 0	
SSN:				
HOURS AND EARNINGS		TAXES		AFTER-TAX DEDUCTIONS
Description	Current Hours	Current Earnings	YTD Hours	YTD Earnings
Regular Pay	67.20	1,265.62	1,232.10	22,582.36
Blk / Rster Adj	0.00		8.80	164.76
Contract Adj	0.00		0.00	119.85
Overtime 1	0.00		2.00	37.62
Total:		67.20	1,265.62	22,904.59
VACATION AND HOLIDAY BALANCES				
Description	Hours			
Vacation Balance:				
Holiday Balance:				
SUMMARY		TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES
Current:	1,265.62	1,189.68	179.99	132.02
YTD:	22,904.59	21,613.58	3,290.54	2,015.60
				NET PAY
				953.61
				17,598.45

MESSAGE:



DATE ADVISE #

09/03/2008 296540722

DEPOSIT AMOUNT

DIRECT DEPOSIT DISTRIBUTION		
Account Type	Account#	Deposit Amt.
Checking Account	XXXXXX2584	\$953.61
Total:		\$953.61

PC: 41 Org: 1111 PI: 17 Employee#: 44631

TO: Tiffany S. Boxley
6336 South Ingleside apt.
Chicago IL 60637

NON-NEGOTIABLE

Pay Order Entered 10/10/08 12:54:19
Pay Begin Date: 08/24/2008 Advice #: 298103805
Pay End Date: 09/06/2008 Advice Date: 09/17/2008

Employee Statement of Earnings and Deductions

Tiffaney S. Boxley 6336 South Ingleside apt. 2b Chicago IL 60637						Employee #: 44631 Position Title: Bus Operator Base Rate: 18.808		TAX DATA: Marital Status: Single Allowances: 5 Addl. Pct.: 0 Addl. Amt.: 0		Federal Single 5 0 0	IL State Not Used 0 0 0
SSN:											
HOURS AND EARNINGS					TAXES			AFTER-TAX DEDUCTIONS			
Description	Current		YTD		Description	Current	YTD	Description	Current	YTD	
	Hours	Earnings	Hours	Earnings							
Regular Pay	50.70	954.63	1,282.80	23,536.99	Social Security	59.78	1,479.86	Special Dues		105.95	
Blk / Rster Adj	0.50	9.41	9.30	174.17	Federal Tax	13.12	903.05	Union Dues		618.64	
Overtime 1	0.00		2.00	37.62	IL State Tax	27.19	675.60				
Contract Adj	0.00		0.00	119.85	Medicare	13.98	346.10				
Total:	51.20	964.04	1,294.10	23,868.63							
					Total:	114.07	3,404.61				
					BEFORE TAX DEDUCTIONS						
					Description	Current	YTD				
					HC Trust	28.92	632.79				
					Def Comp 457	28.92	716.06				
VACATION AND HOLIDAY BALANCES											
Description Hours											
Vacation Balance:											
Holiday Balance:											
SUMMARY											
TOTAL GROSS		FED TAXABLE GROSS		TOTAL TAXES		TOTAL DEDUCTIONS		NET PAY			
Current:	964.04		906.20		114.07		57.84		792.13		
YTD:	23,868.63		22,519.78		3,404.61		2,073.44		18,390.58		
MESSAGE:											



DATE	ADVICE #
09/17/2008	298103805

DEPOSIT AMOUNT

DIRECT DEPOSIT DISTRIBUTION		
Account Type	Account#	Deposit Amt.
Checking Account	XXXXXX2584	\$792.13
Total:		\$792.13

PC: 41 Org: 1111 PI: 17 Employee#: 44631
TO: Tiffaney S. Boxley
6336 South Ingleside apt.
Chicago IL 60637

NON-NEGOTIABLE



CTA Employee Self Service

[Home](#) [Logout](#) [Preferences](#)**Payslip**Employee Name **Tiffany Boxley**
Organization Email AddressEmployee Number **44631**
Business Group **Chicago Transit Authority**Choose a Payslip 16-APR-2008 - 44631 - Check 1 Employee **Tiffany S. Boxley**
Social Security Number **344-66-9058**
Badge Number **44631**
Employee Address **6336 South
Ingleside apt. 2b
Chicago
IL
60637**
Latest Hire Date **19-Jun-2006**
Original Hire Date **19-Jun-2006**Organization **103rd Street Scheduled
Transit Operations**
Location **103Rd Street Garage**
Bargaining Unit **241 Amalgamated Transit
(Bus) Union Local 241**
Job Title **Bus Operator.241**
Position **0000060099.0110.Bus
Operator.PTT.STO**
Grade **W.H463**
Payroll **Surface****Pay Period and Salary**

Pay Period	Payment Date	Pay Begin Date	Pay End Date	Pay Rate
Bi-Week	16-Apr-2008	23-Mar-2008	05-Apr-2008	18.81

Summary

	Gross	Pre-Tax	Taxes	Deductions	Net Pay
Current	1,371.64	141.34	195.42	0.00	1,034.88
YTD	10,094.68	522.41	1,447.64	383.62	7,741.01

Hours and Earnings

Description	Current Hours	Current Amount	YTD Hours	YTD Amount
Vehicle Trans Wk HR			12.50	206.04
Traffic Delay HR			3.20	57.68
Ext Revenue Serv HR			4.90	87.71
F L S A HR			1.60	26.34
Regular Time HR	66.50	1,251.79	539.60	9,586.54
A1 DMG to Schd WC			0.60	10.52
Contract Adj		119.85		119.85

Rate Details

Pre-Tax Deductions

Description	Current	YTD
Def 457	41.15	302.84
HC Trust	100.19	219.57

Taxes

Description	Current	YTD
Federal Tax	53.58	388.23
Social Security	85.04	625.87
Medicare	19.89	146.37
IL State Tax	36.91	287.17

After-Tax Deductions

Description	Current	YTD
Special Dues		39.80
L241 Union Dues		343.82

Tax Withholding Information

Type	Marital Status	Exemptions	Additional Amount	Override Amount	Override Percentage
Federal	Single	5	0.00	0.00	0
Illinois	Not Used	0	0.00	0.00	0

Net Pay Distribution

Check/Deposit Number	Bank Name	Account Type	Account Number	Amount
282874001	SUBURBAN BANK & TRUST	C	XXX3339	1,034.88

TP Pay Distribution

Check/Deposit Number	Bank Name	Account Type	Account Number	Amount
No results found.				



CTA Employee Self Service

[Home](#) [Logout](#) [Preferences](#)

Payslip

Employee Name **Tiffany Boxley** Employee Number **44631**
Organization Email Address Business Group **Chicago Transit Authority**

Choose a Payslip 14-MAY-2008 - 44631 - Check 1

Employee	Tiffany S. Boxley	Organization	103rd Street Scheduled Transit Operations
Social Security Number	344-66-9058	Location	103Rd Street Garage
Badge Number	44631	Bargaining Unit	241 Amalgamated Transit (Bus) Union Local 241
Employee Address	6336 South Ingleside apt. 2b Chicago IL 60637	Job Title	Bus Operator.241
Latest Hire Date	19-Jun-2006	Position	000060099.0110.Bus Operator.PTT.STO
Original Hire Date	19-Jun-2006	Grade	W.H463
		Payroll	Surface

Pay Period and Salary

Pay Period	Payment Date	Pay Begin Date	Pay End Date	Pay Rate
Bi-Week	14-May-2008	20-Apr-2008	03-May-2008	18.81

Summary

	Gross	Pre-Tax	Taxes	Deductions	Net Pay
Current	1,430.89	85.86	220.61	53.29	1,071.13
YTD	12,919.76	691.93	1,879.85	436.91	9,911.07

Hours and Earnings

Description	Current Hours	Current Amount	YTD Hours	YTD Amount
Vehicle Trans Wk HR			12.50	206.04
Traffic Delay HR			3.20	57.68
Weekly OT HR	2.00	37.62	2.00	37.62
Ext Revenue Serv HR			4.90	87.71
F L S A HR	1.40	26.45	3.00	52.79
Regular Time HR	72.60	1,366.82	686.10	12,343.78
A1 DMG to Schd WC			0.80	14.29
Contract Adj				119.85

Rate Details

Pre-Tax Deductions

Description	Current	YTD
Def 457	42.93	387.60
HC Trust	42.93	304.33

Taxes

Description	Current	YTD
Federal Tax	70.79	524.64
Social Security	88.72	801.03
Medicare	20.75	187.34
IL State Tax	40.35	366.84

After-Tax Deductions

Description	Current	YTD
Special Dues		39.80
L241 Union Dues	53.29	397.11

Tax Withholding Information

Type	Marital Status	Exemptions	Additional Amount	Override Amount	Override Percentage
Federal	Single	5	0.00	0.00	0
Illinois	Not Used	0	0.00	0.00	0

Net Pay Distribution

Check/Deposit Number	Bank Name	Account Type	Account Number	Amount
285487293	SUBURBAN BANK & TRUST	C	XXX3339	1,071.13

TP Pay Distribution

Check/Deposit Number	Bank Name	Account Type	Account Number	Amount
No results found.				

Certificate Number: 00437-ILN-CC-005042536

CERTIFICATE OF COUNSELING

I CERTIFY that on October 1, 2008 at 11:12 o'clock AM MDT.

Tiffany Boxley received from

Black Hills Children's Ranch, Inc.

an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the

Northern District of Illinois an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by telephone.

Date: October 1, 2008

By /s/Kagney Mosteller

Name Kagney Mosteller

Title Credit Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

IN RE:

Case No. _____

Boxley, Tiffany S

Debtor(s)

Chapter 13

DECLARATION REGARDING ELECTRONIC FILING

Signed by Debtor(s) or Corporate Representative
To Be Used When Filing over the Internet

PART I - DECLARATION OF PETITIONER

A. To be completed in all cases.

Date: October 9, 2008

I (We) Tiffany S Boxley and _____, the undersigned debtor(s), corporate officer, partner, or member, hereby declare under penalty of perjury that the information I(we) have given my (our) attorney, including correct social security number(s) and the information provided in the electronically filed petition, statements, schedules, and if applicable, application to pay filing fee in installments, is true and correct. I(we) consent to my(our) attorney sending the petition, statements, schedules, and this DECLARATION to the United States Bankruptcy Court. I(we) understand that this DECLARATION must be filed with the Clerk in addition to the petition. I(we) understand that failure to file this DECLARATION will cause this case to be dismissed pursuant to 11 U.S.C. sections 707(a) and 105.

B. To be checked and applicable only if the petitioner is an individual (or individuals) whose debts are primarily consumer debts and who has (or have) chosen to file under chapter 7.

☐ I(we) am(are) aware that I(we) may proceed under chapter 7, 11, 12, or 13 of Title 11 United States Code; I(we) understand the relief available under each such chapter; I(we) choose to proceed under chapter 7; and I(we) request relief in accordance with chapter 7.

C. To be checked and applicable only if the petition is a corporation, partnership, or limited liability entity.

☐ I declare under penalty of perjury that the information provided in this petition is true and correct and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter specified in the petition.

Signature:

Tiffany S Boxley
(Debtor or Corporate Officer, Partner or Member)

Signature: _____

(Joint Debtor)



Internal Revenue Service
United States Department of the Treasury

Case 08-27240 Doc 1-1 Filed 10/10/08 Entered 10/10/08 12:54:19 Desc Petition
Page 58 of 76

This Product Contains Sensitive Taxpayer Data

Request Date: 07-16-2008
Response Date: 07-16-2008

Tracking Number: 100029236479

Tax Return Transcript

SSN Provided: 344-66-9058
Tax Period Ending: Dec. 31, 2004

The following items reflect the amount as shown on the return (PR), and the amount as adjusted (PC), if applicable. They do not show subsequent activity on the account.

SSN: 344-66-9058
SPOUSE SSN:

NAME(S) SHOWN ON RETURN: TIFFANEY S WASHINGTON

ADDRESS: 11327 S YALE AVE
CHICAGO, IL 60628-4116-277

FILING STATUS:	Head of Household
FORM NUMBER:	1040A
CYCLE POSTED:	20050408
RECEIVED DATE:	Apr. 15, 2005
REMITTANCE:	0.00
EXEMPTION NUMBER:	3
DEPENDENT 1 NAME CTRL:	BOXL
DEPENDENT 1 SSN:	349-88-0228
DEPENDENT 2 NAME CTRL:	BOXL
DEPENDENT 2 SSN:	339-98-4530
DEPENDENT 3 NAME CTRL:	
DEPENDENT 3 SSN:	
DEPENDENT 4 NAME CTRL:	
DEPENDENT 4 SSN:	
PREPARER SSN:	
PREPARER EIN:	

Income

WAGES, SALARIES, TIPS, ETC:	\$ 23,770.00
TAXABLE INTEREST INCOME:	\$ 0.00
TAX-EXEMPT INTEREST:	\$ 0.00
ORDINARY DIVIDEND INCOME: SCH B:	\$ 0.00
QUALIFIED DIVIDENDS:	\$ 0.00
CAPITAL GAIN OR LOSS: (Schedule D):	\$ 0.00
CAPITAL GAINS OR LOSS: SCH D PER COMPUTER:	\$ 0.00
TOTAL IRA DISTRIBUTIONS:	\$ 0.00
TAXABLE IRA DISTRIBUTIONS:	\$ 0.00
TOTAL PENSIONS AND ANNUITIES:	\$ 0.00
TAXABLE PENSION/ANNUITY AMOUNT:	\$ 0.00
UNEMPLOYMENT COMPENSATION:	\$ 0.00
TOTAL SOCIAL SECURITY BENEFITS:	\$ 0.00
TAXABLE SOCIAL SECURITY BENEFITS:	\$ 0.00
TAXABLE SOCIAL SECURITY BENEFITS PER COMPUTER:	\$ 0.00
SCH EIC DISQUALIFIED INC COMPUTER:	\$ 0.00
TOTAL INCOME:	\$ 23,770.00
TOTAL INCOME PER COMPUTER:	\$ 23,770.00

Adjustments to Income

EDUCATOR EXPENSES:	\$ 0.00
EDUCATOR EXPENSES PER COMPUTER:	\$ 0.00
IRA DEDUCTION:	\$ 0.00
IRA DEDUCTION PER COMPUTER:	\$ 0.00

Tracking Number: 100029236479
Form 2441--Child and Dependent Care Expenses

PROV NAME CNTRL:.....COMM
CARE PROV SSN:.....363-40-2542
CARE PROV TIN TYPE:.....

PART II CREDIT FOR CHILD AND DEPENDENT CARE EXPENSES

NUMBER OF QUALIFYING PERSONS:.....2
SSNS NOT REQ'D IND:.....0
CHILD 1 NAME CONTROL:.....BOXL
CHILD 1 SSN:.....349-88-0228
CHILD 1 QUALIFIED EXPENSE:.....\$ 600.00
CHILD 2 NAME CONTROL:.....BOXL
CHILD 2 SSN:.....339-98-4530
CHILD 2 QUALIFIED EXPENSE:.....\$ 600.00
AMOUNT OF QUALIFIED EXPENSES:.....\$ 1,200.00
EARNED INCOME-PRIMARY:.....\$ 23,770.00
EARNED INCOME-SECONDARY:.....\$ 23,770.00
PRIOR YEAR CHILD CARE EXPENSES:.....\$ 0.00
PRIOR YEAR CHILD CARE EXPENSES PER COMPUTER:.....\$ 0.00
CHILD AND DEPENDENT CARE BASE AMOUNT PER COMPUTER:.....\$ 1,200.00

PART III DEPENDENT CARE BENEFITS

DEPENDENT CARE EMPLOYER BENEFITS:.....\$ 0.00
QUALIFIED EXPENSES EMPLOYER INCURRED:.....\$ 0.00
DEPENDENT CARE EXCLUDED BENEFITS:.....\$ 0.00
GROSS CHILD CARE CREDIT PER COMPUTER:.....\$ 360.00
TOTAL QUALIFYING EXPENSES PER COMPUTER:.....\$ 1,200.00

Schedule EIC--Earned Income Credit

QUALIFIED EIC DEPENDENTS:.....2

CHILD 1

CHILD'S NAME CNTRL:.....BOXL
SSN:.....339-98-4530
YEAR OF BIRTH:.....2001
STUDENT/DISABLED:.....0

CHILD 2

CHILD'S NAME CNTRL:.....BOXL
SSN:.....349-88-0228
YEAR OF BIRTH:.....1993
STUDENT/DISABLED:.....0

Form 8863 - Education Credits (Hope and Lifetime Learning Credits)

PART III - ALLOWABLE EDUCATION CREDITS

GROSS EDUCATION CR PER COMPUTER:.....\$ 0.00
TOTAL EDUCATION CREDIT AMOUNT:.....\$ 0.00
TOTAL EDUCATION CREDIT AMOUNT PER COMPUTER:.....\$ 0.00
This Product Contains Sensitive Taxpayer Data



04169



This Product Contains Sensitive Taxpayer Data

Request Date: 07-16-2008
Response Date: 07-16-2008

Tracking Number: 100029236049

Tax Return Transcript

SSN Provided: 344-66-9058
Tax Period Ending: Dec. 31, 2005

The following items reflect the amount as shown on the return (PR), and the amount as adjusted (PC), if applicable. They do not show subsequent activity on the account.

SSN: 344-66-9058
SPOUSE SSN:

NAME(S) SHOWN ON RETURN: TIFFANEY S WASHINGTON

ADDRESS: 11327 S YALE AVE
CHICAGO, IL 60628-4116-277

FILING STATUS:	Head of Household
FORM NUMBER:	1040A
CYCLE POSTED:	20060508
RECEIVED DATE:	Apr. 15, 2006
REMITTANCE:	0.00
EXEMPTION NUMBER:	4
DEPENDENT 1 NAME CTRL:	BEAL
DEPENDENT 1 SSN:	359-84-6158
DEPENDENT 2 NAME CTRL:	BEAL
DEPENDENT 2 SSN:	359-84-6157
DEPENDENT 3 NAME CTRL:	BOXL
DEPENDENT 3 SSN:	339-98-4530
DEPENDENT 4 NAME CTRL:	
DEPENDENT 4 SSN:	
PREPARER SSN:	
PREPARER EIN:	

Income

WAGES, SALARIES, TIPS, ETC:	\$ 24,336.00
TAXABLE INTEREST INCOME:	\$ 0.00
TAX-EXEMPT INTEREST:	\$ 0.00
ORDINARY DIVIDEND INCOME: SCH B:	\$ 0.00
QUALIFIED DIVIDENDS:	\$ 0.00
CAPITAL GAIN OR LOSS: (Schedule D):	\$ 0.00
CAPITAL GAINS OR LOSS: SCH D PER COMPUTER:	\$ 0.00
TOTAL IRA DISTRIBUTIONS:	\$ 0.00
TAXABLE IRA DISTRIBUTIONS:	\$ 0.00
TOTAL PENSIONS AND ANNUITIES:	\$ 0.00
TAXABLE PENSION/ANNUITY AMOUNT:	\$ 0.00
UNEMPLOYMENT COMPENSATION:	\$ 0.00
TOTAL SOCIAL SECURITY BENEFITS:	\$ 0.00
TAXABLE SOCIAL SECURITY BENEFITS:	\$ 0.00
TAXABLE SOCIAL SECURITY BENEFITS PER COMPUTER:	\$ 0.00
SCH EIC DISQUALIFIED INC COMPUTER:	\$ 0.00
TOTAL INCOME:	\$ 24,336.00
TOTAL INCOME PER COMPUTER:	\$ 24,336.00

Adjustments to Income

EDUCATOR EXPENSES:	\$ 0.00
EDUCATOR EXPENSES PER COMPUTER:	\$ 0.00
IRA DEDUCTION:	\$ 0.00
IRA DEDUCTION PER COMPUTER:	\$ 0.00

Tracking Number: 100029236049

Page 61 of 76

THIRD PARTY DESIGNEE ID NUMBER:.....
 AUTHORIZATION INDICATOR:.....0
 THIRD PARTY DESIGNEE NAME:.....

Form 2441--Child and Dependent Care Expenses

PROV NAME CNTRL:.....COMM
 CARE PROV SSN:.....363-40-2542
 CARE PROV TIN TYPE:.....

PART II CREDIT FOR CHILD AND DEPENDENT CARE EXPENSES

NUMBER OF QUALIFYING PERSONS:.....1
 SSNS NOT REQ'D IND:.....0
 CHILD 1 NAME CONTROL:.....BOXL
 CHILD 1 SSN:.....339-98-4530
 CHILD 1 QUALIFIED EXPENSE:.....\$ 2,500.00
 CHILD 2 NAME CONTROL:.....
 CHILD 2 SSN:.....
 CHILD 2 QUALIFIED EXPENSE:.....\$ 0.00
 AMOUNT OF QUALIFIED EXPENSES:.....\$ 2,500.00
 EARNED INCOME-PRIMARY:.....\$ 24,336.00
 EARNED INCOME-SECONDARY:.....\$ 24,336.00
 PRIOR YEAR CHILD CARE EXPENSES:.....\$ 0.00
 PRIOR YEAR CHILD CARE EXPENSES PER COMPUTER:.....\$ 0.00
 CHILD AND DEPENDENT CARE BASE AMOUNT PER COMPUTER:.....\$ 2,500.00

PART III DEPENDENT CARE BENEFITS

DEPENDENT CARE EMPLOYER BENEFITS:.....\$ 0.00
 QUALIFIED EXPENSES EMPLOYER INCURRED:.....\$ 0.00
 DEPENDENT CARE EXCLUDED BENEFITS:.....\$ 0.00
 GROSS CHILD CARE CREDIT PER COMPUTER:.....\$ 750.00
 TOTAL QUALIFYING EXPENSES PER COMPUTER:.....\$ 2,500.00

Schedule EIC--Earned Income Credit

QUALIFIED EIC DEPENDENTS:.....2

CHILD 1

CHILD'S NAME CNTRL:.....BOXL
 SSN:.....339-98-4530
 YEAR OF BIRTH:.....2001
 STUDENT/DISABLED:.....0

CHILD 2

CHILD'S NAME CNTRL:.....BEAL
 SSN:.....359-84-6157
 YEAR OF BIRTH:.....1990
 STUDENT/DISABLED:.....0

Form 8863 - Education Credits (Hope and Lifetime Learning Credits)

PART III - ALLOWABLE EDUCATION CREDITS

GROSS EDUCATION CR PER COMPUTER:.....\$ 0.00
 TOTAL EDUCATION CREDIT AMOUNT:.....\$ 0.00
 TOTAL EDUCATION CREDIT AMOUNT PER COMPUTER:.....\$ 0.00

This Product Contains Sensitive Taxpayer Data



04170



Internal Revenue Service
United States Department of the Treasury

Case 08-27240 Doc 1-1 Filed 10/10/08 Entered 10/10/08 12:54:19 Desc Petition
Page 62 of 76

This Product Contains Sensitive Taxpayer Data

Request Date: 07-16-2008
Response Date: 07-16-2008

Tracking Number: 100029236048

Tax Return Transcript

SSN Provided: 344-66-9058
Tax Period Ending: Dec. 31, 2006

The following items reflect the amount as shown on the return (PR), and the amount as adjusted (PC), if applicable. They do not show subsequent activity on the account.

SSN: 344-66-9058
SPOUSE SSN:

NAME(S) SHOWN ON RETURN: TIFFANEY S BOXLEY

ADDRESS: 11327 S YALE AVE
CHICAGO, IL 60628-4116-277

FILING STATUS:
FORM NUMBER:
CYCLE POSTED:
RECEIVED DATE:
REMITTANCE:
EXEMPTION NUMBER:
DEPENDENT 1 NAME CTRL:
DEPENDENT 1 SSN:
DEPENDENT 2 NAME CTRL:
DEPENDENT 2 SSN:
DEPENDENT 3 NAME CTRL:
DEPENDENT 3 SSN:
DEPENDENT 4 NAME CTRL:
DEPENDENT 4 SSN:
PREPARER SSN:
PREPARER EIN:

Head of Household
1040
20070708
Apr.15, 2007
0.00
3
BOXL
361-94-9705
BOXL
339-98-4530

Income

WAGES, SALARIES, TIPS, ETC:.....\$ 22,563.00
TAXABLE INTEREST INCOME: SCH B:.....\$ 0.00
TAX-EXEMPT INTEREST:.....\$ 0.00
ORDINARY DIVIDEND INCOME: SCH B:.....\$ 0.00
QUALIFIED DIVIDENDS:.....\$ 0.00
REFUNDS OF STATE/LOCAL TAXES:.....\$ 0.00
ALIMONY RECEIVED:.....\$ 0.00
BUSINESS INCOME OR LOSS (Schedule C):.....\$ 0.00
BUSINESS INCOME OR LOSS: SCH C PER COMPUTER:.....\$ 0.00
CAPITAL GAIN OR LOSS: (Schedule D):.....\$ 0.00
CAPITAL GAINS OR LOSSES: SCH D PER COMPUTER:.....\$ 0.00
OTHER GAINS OR LOSSES (Form 4797):.....\$ 0.00
TOTAL IRA DISTRIBUTIONS:.....\$ 0.00
TAXABLE IRA DISTRIBUTIONS:.....\$ 0.00
TOTAL PENSIONS AND ANNUITIES:.....\$ 0.00
TAXABLE PENSION/ANNUITY AMOUNT:.....\$ 3,361.00
RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E):.....\$ 0.00
RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E) PER COMPUTER:.....\$ 0.00
RENT/ROYALTY INCOME/LOSS PER COMPUTER:.....\$ 0.00
ESTATE/TRUST INCOME/LOSS PER COMPUTER:.....\$ 0.00
PARTNERSHIP/S-CORP INCOME/LOSS PER COMPUTER:.....\$ 0.00
FARM INCOME OR LOSS (Schedule F):.....\$ 0.00
FARM INCOME OR LOSS (Schedule F) PER COMPUTER:.....\$ 0.00
UNEMPLOYMENT COMPENSATION:.....\$ 0.00
TOTAL SOCIAL SECURITY BENEFITS:.....\$ 0.00

Tracking Number: 100029236048

SEC RET SAV CNTRB: F8880 LN6B: \$ 0.00
 TOTAL RETIREMENT SAVINGS CONTRIBUTION: F8880 CMPTR: \$ 0.00
 RESIDENTIAL ENERGY CREDIT: \$ 0.00
 RESIDENTIAL ENERGY CREDIT PER COMPUTER: \$ 0.00
 CHILD TAX CREDIT: \$ 0.00
 CHILD TAX CREDIT PER COMPUTER: \$ 0.00
 F8396, F8859 and F8839 Credit: \$ 0.00
 FORM 3800 GENERAL BUSINESS CREDITS: \$ 0.00
 FORM 3800 GENERAL BUSINESS CREDITS PER COMPUTER: \$ 0.00
 FORM 1040C CREDIT: \$ 0.00
 PRIOR YR MIN TAX CREDIT: F8801: \$ 0.00
 PRIOR YR MIN TAX CREDIT: F8801 PER COMPUTER: \$ 0.00
 TENTATIVE EMPOWERMENT ZONE CREDIT: F8844: \$ 0.00
 EMPOWERMENT ZONE CREDIT: F8844: \$ 0.00
 OTHER CREDITS: \$ 823.00
 TOTAL CREDITS: \$ 823.00
 TOTAL CREDITS PER COMPUTER: \$ 823.00
 INCOME TAX AFTER CREDITS PER COMPUTER: \$ 0.00

Other Taxes

SE TAX: \$ 0.00
 SE TAX PER COMPUTER: \$ 0.00
 SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS: \$ 0.00
 SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER: \$ 0.00
 TAX ON QUALIFIED PLANS F5329 (PR): \$ 336.00
 TAX ON QUALIFIED PLANS F5329 PER COMPUTER: \$ 336.00
 IRAF TAX PER COMPUTER: \$ 0.00
 TP TAX FIGURES (REDUCED BY IRAF) PER COMPUTER: \$ 336.00
 IMF TOTAL TAX (REDUCED BY IRAF) PER COMPUTER: \$ 336.00
 ADVANCED EARNED INCOME: \$ 0.00
 UNPAID FICA ON REPORTED TIPS: \$ 0.00
 FORM 4970 ACCUMULATED DISTRIBUTION OF TRUSTS: \$ 0.00
 RECAPTURE TAX: F8611: \$ 0.00
 HOUSEHOLD EMPLOYMENT TAXES: \$ 0.00
 HOUSEHOLD EMPLOYMENT TAXES PER COMPUTER: \$ 0.00
 RECAPTURE TAXES: \$ 0.00
 TOTAL ASSESSMENT PER COMPUTER: \$ 336.00
 TOTAL TAX LIABILITY TP FIGURES: \$ 336.00
 TOTAL TAX LIABILITY TP FIGURES PER COMPUTER: \$ 336.00

Payments

FEDERAL INCOME TAX WITHHELD: \$ 1,550.00
 ESTIMATED TAX PAYMENTS: \$ 0.00
 EARNED INCOME CREDIT: \$ 2,248.00
 EARNED INCOME CREDIT PER COMPUTER: \$ 2,248.00
 NONTAXABLE COMBAT PAY ELECTION: \$ 0.00
 FORM 8812 NONTAXABLE COMBAT PAY: \$ 0.00
 EXCESS SOCIAL SECURITY & RRTA TAX WITHHELD: \$ 0.00
 TOT SS/MEDICARE WITHHELD: F8812: \$ 0.00
 FORM 8812 ADDITIONAL CHILD TAX CREDIT: \$ 1,689.00
 FORM 8812 ADDITIONAL CHILD TAX CREDIT PER COMPUTER: \$ 1,689.00
 FORM 8812 ADDITIONAL CHILD TAX CREDIT VERIFIED: \$ 0.00
 AMOUNT PAID WITH FORM 4868: \$ 0.00
 FORM 2439 REGULATED INVESTMENT COMPANY CREDIT: \$ 0.00
 FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS: \$ 0.00
 FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS PER COMPUTER: \$ 0.00
 HEALTH COVERAGE TX CR: F8885: \$ 0.00
 FEDERAL PHONE EXCISE TAX CREDIT PER COMPUTER: \$ 0.00
 FORM 8913 PHONE EXCISE TAX PER COMPUTER: \$ 0.00
 FEDERAL PHONE EXCISE TAX CREDIT AMOUNT: \$ 0.00
 FEDERAL PHONE EXCISE TAX CREDIT VERIFIED AMOUNT: \$ 0.00
 TOTAL PAYMENTS: \$ 5,487.00
 TOTAL PAYMENTS PER COMPUTER: \$ 5,487.00

Refund or Amount Owed

REFUND AMOUNT: \$ -5,151.00
 APPLIED TO NEXT YEAR'S ESTIMATED TAX: \$ 0.00
 ESTIMATED TAX PENALTY: \$ 0.00
 TAX ON INCOME LESS STATE REFUND PER COMPUTER: \$ 0.00

**Internal Revenue Service**

United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 07-16-2008
Response Date: 07-16-2008

Tracking Number: 100029236538

Tax Return TranscriptSSN Provided: 344-66-9058
Tax Period Ending: Dec. 31, 2007

The following items reflect the amount as shown on the return (PR), and the amount as adjusted (PC), if applicable. They do not show subsequent activity on the account.

SSN: 344-66-9058
SPOUSE SSN:

NAME(S) SHOWN ON RETURN: TIFFANEY S BOXLEY

ADDRESS: 6336 S INGLESIDE AVE APT 2B
CHICAGO, IL 60637-3673-225

FILING STATUS:	Head of Household
FORM NUMBER:	1040A
CYCLE POSTED:	20080508
RECEIVED DATE:	Apr. 15, 2008
REMITTANCE:	0.00
EXEMPTION NUMBER:	3
DEPENDENT 1 NAME CTRL:	BOXL
DEPENDENT 1 SSN:	361-94-9705
DEPENDENT 2 NAME CTRL:	BOXL
DEPENDENT 2 SSN:	339-98-4530
DEPENDENT 3 NAME CTRL:	
DEPENDENT 3 SSN:	
DEPENDENT 4 NAME CTRL:	
DEPENDENT 4 SSN:	
PREPARER SSN:	
PREPARER EIN:	

Income

WAGES, SALARIES, TIPS, ETC:.....	\$ 15,442.00
TAXABLE INTEREST INCOME:.....	\$ 0.00
TAX-EXEMPT INTEREST:.....	\$ 0.00
ORDINARY DIVIDEND INCOME: SCH B:.....	\$ 0.00
QUALIFIED DIVIDENDS:.....	\$ 0.00
CAPITAL GAIN OR LOSS: (Schedule D):.....	\$ 0.00
CAPITAL GAINS OR LOSS: SCH D PER COMPUTER:.....	\$ 0.00
TOTAL IRA DISTRIBUTIONS:.....	\$ 0.00
TAXABLE IRA DISTRIBUTIONS:.....	\$ 0.00
TOTAL PENSIONS AND ANNUITIES:.....	\$ 0.00
TAXABLE PENSION/ANNUITY AMOUNT:.....	\$ 0.00
UNEMPLOYMENT COMPENSATION:.....	\$ 0.00
TOTAL SOCIAL SECURITY BENEFITS:.....	\$ 0.00
TAXABLE SOCIAL SECURITY BENEFITS:.....	\$ 0.00
TAXABLE SOCIAL SECURITY BENEFITS PER COMPUTER:.....	\$ 0.00
SCH EIC DISQUALIFIED INC COMPUTER:.....	\$ 0.00
TOTAL INCOME:.....	\$ 15,442.00
TOTAL INCOME PER COMPUTER:.....	\$ 15,442.00

Adjustments to Income

EDUCATOR EXPENSES:.....	\$ 0.00
EDUCATOR EXPENSES PER COMPUTER:.....	\$ 0.00
IRA DEDUCTION:.....	\$ 478.00
IRA DEDUCTION PER COMPUTER:.....	\$ 478.00

Tracking Number: 100029236538
Schedule EIC--Earned Income Credit

Page 65 of 76

QUALIFIED EIC DEPENDENTS:.....2

CHILD 1

CHILD'S NAME CNTRL:.....BOXL
SSN:.....339-98-4530
YEAR OF BIRTH:.....2001
STUDENT/DISABLED:.....0

CHILD 2

CHILD'S NAME CNTRL:.....BOXL
SSN:.....361-94-9705
YEAR OF BIRTH:.....1998
STUDENT/DISABLED:.....0

Form 8863 - Education Credits (Hope and Lifetime Learning Credits)

PART III - ALLOWABLE EDUCATION CREDITS

GROSS EDUCATION CR PER COMPUTER:.....\$ 0.00
TOTAL EDUCATION CREDIT AMOUNT:.....\$ 0.00
TOTAL EDUCATION CREDIT AMOUNT PER COMPUTER:.....\$ 0.00
This Product Contains Sensitive Taxpayer Data

04160

Contract Adj 119.85

Rate Details

Pre-Tax Deductions

Description	Current	YTD
Def 457	28.92	716.06
HC Trust	28.92	632.79

Taxes

Description	Current	YTD
Federal Tax	13.12	903.05
Social Security	59.78	1,479.86
Medicare	13.98	346.10
IL State Tax	27.19	675.60

After-Tax Deductions

Description	Current	YTD
Special Dues		105.95
L241 Union Dues		618.64

Tax Withholding Information

Type	Marital Status	Exemptions	Additional Amount	Override Amount	Override Percentage
Federal	Single	5	0.00	0.00	0
Illinois	Not Used	0	0.00	0.00	0

Net Pay Distribution

Check/Deposit Number	Bank Name	Account Type	Account Number	Amount
298103805	BANK OF AMERICA	C	XXXXXX2584	792.13

TP Pay Distribution

Check/Deposit Number	Bank Name	Account Type	Account Number	Amount
No results found.				

[Home](#) | [Logout](#) | [Preferences](#)

Copyright (c) Chicago Transit Authority

[Privacy Statement](#)

This page is left blank intentionally.

STUDENT LOAN INTEREST DEDUCTION PER COMPUTER:	\$ 0.00
TUITION AND FEES DEDUCTION:	\$ 0.00
TUITION AND FEES DEDUCTION PER COMPUTER:	\$ 0.00
TOTAL ADJUSTMENTS:	\$ 478.00
TOTAL ADJUSTMENTS PER COMPUTER:	\$ 478.00
ADJUSTED GROSS INCOME:	\$ 14,964.00
ADJUSTED GROSS INCOME PER COMPUTER:	\$ 14,964.00

Tax and Credits

65-OR-OVER:	0
BLIND:	0
SPOUSE 65-OR-OVER:	0
SPOUSE BLIND:	0
EXEMPTION AMOUNT PER COMPUTER:	\$ 10,200.00
TAXABLE INCOME:	\$ 0.00
TAXABLE INCOME PER COMPUTER:	\$ 0.00
TENTATIVE TAX:	\$ 0.00
TENTATIVE TAX PER COMPUTER:	\$ 0.00
CHILD & DEPENDENT CARE CREDIT:	\$ 0.00
CHILD & DEPENDENT CARE CREDIT PER COMPUTER:	\$ 0.00
CREDIT FOR ELDERLY AND DISABLED:	\$ 0.00
CREDIT FOR ELDERLY AND DISABLED PER COMPUTER:	\$ 0.00
EDUCATION CREDIT:	\$ 0.00
EDUCATION CREDIT PER COMPUTER:	\$ 0.00
GROSS EDUCATION CREDIT PER COMPUTER:	\$ 0.00
RETIREMENT SAVINGS CNTRB CREDIT:	\$ 0.00
RETIREMENT SAVINGS CNTRB CREDIT PER COMPUTER:	\$ 0.00
PRIM RET SAV CNTRB: F8880 LN6A:	\$ 0.00
SEC RET SAV CNTRB: F8880 LN6B:	\$ 0.00
CHILD TAX CREDIT:	\$ 0.00
CHILD TAX CREDIT PER COMPUTER:	\$ 0.00
TOTAL CREDITS:	\$ 0.00
TOTAL CREDITS PER COMPUTER:	\$ 0.00

Other Taxes

ADVANCED EARNED INCOME:	\$ 0.00
TOTAL TAX LIABILITY TP FIGURES:	\$ 0.00
TOTAL TAX LIABILITY TP FIGURES PER COMPUTER:	\$ 0.00

Payments

FEDERAL INCOME TAX WITHHELD:	\$ 463.00
ESTIMATED TAX PAYMENTS:	\$ 0.00
EARNED INCOME CREDIT:	\$ 4,709.00
EARNED INCOME CREDIT PER COMPUTER:	\$ 4,709.00
NONTAXABLE COMBAT PAY ELECTION:	\$ 0.00
FORM 8812 NONTAXABLE COMBAT PAY:	\$ 0.00
TOT SS/MEDICARE WITHHELD: F8812:	\$ 0.00
FORM 8812 ADDITIONAL CHILD TAX CREDIT:	\$ 554.00
FORM 8812 ADDITIONAL CHILD TAX CREDIT PER COMPUTER:	\$ 554.00
FORM 8812 ADDITIONAL CHILD TAX CREDIT VERIFIED:	\$ 0.00
TOTAL PAYMENTS:	\$ 5,726.00
TOTAL PAYMENTS PER COMPUTER:	\$ 5,726.00

Refund or Amount Owed

REFUND AMOUNT:	\$ -5,726.00
APPLIED TO NEXT YEAR'S ESTIMATED TAX:	\$ 0.00
ESTIMATED TAX PENALTY:	\$ 0.00
BAL DUE/OVER PYMT USING TP FIG PER COMPUTER:	\$ -5,726.00
BAL DUE/OVER PYMT USING COMPUTER FIGURES:	\$ -5,726.00
FORM 8888 TOTAL DEPOSIT PER COMPUTER:	\$ 0.00

Third Party Designee

THIRD PARTY DESIGNEE ID NUMBER:	
AUTHORIZATION INDICATOR:	0
THIRD PARTY DESIGNEE NAME:	

Tracking Number: 100029236048

Page 69 of 76

BAL DUE/OVER PYMT USING TP FIG PER COMPUTER:.....\$ -5,151.00
 BAL DUE/OVER PYMT USING COMPUTER FIGURES:.....\$ -5,151.00
 FORM 8888 TOTAL DEPOSIT PER COMPUTER:.....\$ 0.00

Third Party Designee

THIRD PARTY DESIGNEE ID NUMBER:.....
 AUTHORIZATION INDICATOR:.....0
 THIRD PARTY DESIGNEE NAME:.....

Form 2441--Child and Dependent Care Expenses

PROV NAME CNTRL:.....COMM
 CARE PROV SSN:.....363-40-2542

PART II CREDIT FOR CHILD AND DEPENDENT CARE EXPENSES

NUMBER OF QUALIFYING PERSONS:.....2
 SSNS NOT REQ'D IND:.....0
 CHILD 1 NAME CONTROL:.....BOXL
 CHILD 1 SSN:.....361-94-9705
 CHILD 1 QUALIFIED EXPENSE:.....\$ 1,500.00
 CHILD 2 NAME CONTROL:.....BOXL
 CHILD 2 SSN:.....339-98-4530
 CHILD 2 QUALIFIED EXPENSE:.....\$ 2,000.00
 AMOUNT OF QUALIFIED EXPENSES:.....\$ 3,500.00
 EARNED INCOME-PRIMARY:.....\$ 22,563.00
 EARNED INCOME-SECONDARY:.....\$ 22,563.00
 PRIOR YEAR CHILD CARE EXPENSES:.....\$ 0.00
 PRIOR YEAR CHILD CARE EXPENSES PER COMPUTER:.....\$ 0.00
 CHILD AND DEPENDENT CARE BASE AMOUNT PER COMPUTER:.....\$ 3,500.00

PART III DEPENDENT CARE BENEFITS

DEPENDENT CARE EMPLOYER BENEFITS:.....\$ 0.00
 QUALIFIED EXPENSES EMPLOYER INCURRED:.....\$ 0.00
 DEPENDENT CARE EXCLUDED BENEFITS:.....\$ 0.00
 GROSS CHILD CARE CREDIT PER COMPUTER:.....\$ 1,015.00
 TOTAL QUALIFYING EXPENSES PER COMPUTER:.....\$ 3,500.00

Schedule EIC--Earned Income Credit

QUALIFIED EIC DEPENDENTS:.....2

CHILD 1

CHILD'S NAME CNTRL:.....BOXL
 SSN:.....339-98-4530
 YEAR OF BIRTH:.....2001
 STUDENT/DISABLED:.....0

CHILD 2

CHILD'S NAME CNTRL:.....BOXL
 SSN:.....361-94-9705
 YEAR OF BIRTH:.....1998
 STUDENT/DISABLED:.....0

Form 8863 - Education Credits (Hope and Lifetime Learning Credits)

PART III - ALLOWABLE EDUCATION CREDITS

GROSS EDUCATION CR PER COMPUTER:.....\$ 0.00
 TOTAL EDUCATION CREDIT AMOUNT:.....\$ 0.00
 TOTAL EDUCATION CREDIT AMOUNT PER COMPUTER:.....\$ 0.00

This Product Contains Sensitive Taxpayer Data

TAXABLE SOCIAL SECURITY BENEFITS PER COMPUTER:	\$ 0.00
OTHER INCOME:	\$ 0.00
SCHEDULE EIC SE INCOME PER COMPUTER:	\$ 0.00
SCHEDULE EIC EARNED INCOME PER COMPUTER:	\$ 22,563.00
SCH EIC DISQUALIFIED INC COMPUTER:	\$ 0.00
TOTAL INCOME:	\$ 25,924.00
TOTAL INCOME PER COMPUTER:	\$ 25,924.00

Adjustments to Income

EDUCATOR EXPENSES:	\$ 250.00
EDUCATOR EXPENSES PER COMPUTER:	\$ 250.00
RESERVIST AND OTHER BUSINESS EXPENSE:	\$ 0.00
JURY DUTY PAY DEDUCTION:	\$ 0.00
HEALTH SAVINGS ACCT DEDUCTION:	\$ 0.00
HEALTH SAVINGS ACCT DEDUCTION PER COMPTR:	\$ 0.00
MOVING EXPENSES: F3903:	\$ 0.00
SELF EMPLOYMENT TAX DEDUCTION:	\$ 0.00
SELF EMPLOYMENT TAX DEDUCTION PER COMPUTER:	\$ 0.00
KEOGH/SEP CONTRIBUTION DEDUCTION:	\$ 0.00
SELF-EMP HEALTH INS DEDUCTION:	\$ 0.00
EARLY WITHDRAWAL OF SAVINGS PENALTY:	\$ 0.00
ALIMONY PAID SSN:	\$ 0.00
ALIMONY PAID:	\$ 0.00
IRA DEDUCTION:	\$ 0.00
IRA DEDUCTION PER COMPUTER:	\$ 0.00
STUDENT LOAN INTEREST DEDUCTION:	\$ 0.00
STUDENT LOAN INTEREST DEDUCTION PER COMPUTER:	\$ 0.00
TUITION AND FEES DEDUCTION:	\$ 0.00
TUITION AND FEES DEDUCTION PER COMPUTER:	\$ 0.00
DOMESTIC PRODUCTION ACTIVITIES DEDUCTION:	\$ 0.00
OTHER ADJUSTMENTS:	\$ 0.00
ARCHER MSA DEDUCTION:	\$ 0.00
ARCHER MSA DEDUCTION PER COMPUTER:	\$ 0.00
TOTAL ADJUSTMENTS:	\$ 250.00
TOTAL ADJUSTMENTS PER COMPUTER:	\$ 250.00
ADJUSTED GROSS INCOME:	\$ 25,674.00
ADJUSTED GROSS INCOME PER COMPUTER:	\$ 25,674.00

Tax and Credits

65-OR-OVER:	0
BLIND:	0
SPOUSE 65-OR-OVER:	0
SPOUSE BLIND:	0
STANDARD DEDUCTION PER COMPUTER:	\$ 7,550.00
ADDITIONAL STANDARD DEDUCTION PER COMPUTER:	\$ 0.00
TAX TABLE INCOME PER COMPUTER:	\$ 18,124.00
EXEMPTION AMOUNT PER COMPUTER:	\$ 9,900.00
TAXABLE INCOME:	\$ 8,224.00
TAXABLE INCOME PER COMPUTER:	\$ 8,224.00
TOTAL POSITIVE INCOME PER COMPUTER:	\$ 25,924.00
TENTATIVE TAX:	\$ 823.00
TENTATIVE TAX PER COMPUTER:	\$ 823.00
FORM 8814 ADDITIONAL TAX AMOUNT:	\$ 0.00
TAX ON INCOME LESS SOC SEC INCOME PER COMPUTER:	\$ 0.00
FORM 6251 ALTERNATIVE MINIMUM TAX:	\$ 0.00
FORM 6251 ALTERNATIVE MINIMUM TAX PER COMPUTER:	\$ 0.00
FOREIGN TAX CREDIT:	\$ 0.00
FOREIGN TAX CREDIT PER COMPUTER:	\$ 0.00
FOREIGN INCOME EXCLUSION PER COMPUTER:	\$ 0.00
CHILD & DEPENDENT CARE CREDIT:	\$ 823.00
CHILD & DEPENDENT CARE CREDIT PER COMPUTER:	\$ 823.00
CREDIT FOR ELDERLY AND DISABLED:	\$ 0.00
CREDIT FOR ELDERLY AND DISABLED PER COMPUTER:	\$ 0.00
EDUCATION CREDIT:	\$ 0.00
EDUCATION CREDIT PER COMPUTER:	\$ 0.00
GROSS EDUCATION CREDIT PER COMPUTER:	\$ 0.00
RETIREMENT SAVINGS CNTRB CREDIT:	\$ 0.00
RETIREMENT SAVINGS CNTRB CREDIT PER COMPUTER:	\$ 0.00
PRIM RET SAV CNTRB: F8880 LN6A:	\$ 0.00

This page is left blank intentionally.

STUDENT LOAN INTEREST DEDUCTION PER COMPUTER:	\$ 0.00
TUITION AND FEES DEDUCTION:	\$ 0.00
TUITION AND FEES DEDUCTION PER COMPUTER:	\$ 0.00
TOTAL ADJUSTMENTS:	\$ 0.00
TOTAL ADJUSTMENTS PER COMPUTER:	\$ 0.00
ADJUSTED GROSS INCOME:	\$ 24,336.00
ADJUSTED GROSS INCOME PER COMPUTER:	\$ 24,336.00

Tax and Credits

65-OR-OVER:	0
BLIND:	0
SPOUSE 65-OR-OVER:	0
SPOUSE BLIND:	0
EXEMPTION AMOUNT PER COMPUTER:	\$ 12,800.00
TAXABLE INCOME:	\$ 4,236.00
TAXABLE INCOME PER COMPUTER:	\$ 4,236.00
TENTATIVE TAX:	\$ 423.00
TENTATIVE TAX PER COMPUTER:	\$ 423.00
CHILD & DEPENDENT CARE CREDIT:	\$ 423.00
CHILD & DEPENDENT CARE CREDIT PER COMPUTER:	\$ 423.00
CREDIT FOR ELDERLY AND DISABLED:	\$ 0.00
CREDIT FOR ELDERLY AND DISABLED PER COMPUTER:	\$ 0.00
EDUCATION CREDIT:	\$ 0.00
EDUCATION CREDIT PER COMPUTER:	\$ 0.00
GROSS EDUCATION CREDIT PER COMPUTER:	\$ 0.00
RETIREMENT SAVINGS CNTRB CREDIT:	\$ 0.00
RETIREMENT SAVINGS CNTRB CREDIT PER COMPUTER:	\$ 0.00
PRIM RET SAV CNTRB: F8880 LN6A:	\$ 0.00
SEC RET SAV CNTRB: F8880 LN6B:	\$ 0.00
CHILD TAX CREDIT:	\$ 0.00
CHILD TAX CREDIT PER COMPUTER:	\$ 0.00
ADOPTION CREDIT: F8839:	\$ 0.00
ADOPTION CREDIT PER COMPUTER:	\$ 0.00
TOTAL CREDITS:	\$ 423.00
TOTAL CREDITS PER COMPUTER:	\$ 423.00

Other Taxes

ADVANCED EARNED INCOME:	\$ 0.00
TOTAL TAX LIABILITY TP FIGURES:	\$ 0.00
TOTAL TAX LIABILITY TP FIGURES PER COMPUTER:	\$ 0.00

Payments

FEDERAL INCOME TAX WITHHELD:	\$ 1,399.00
ESTIMATED TAX PAYMENTS:	\$ 0.00
EARNED INCOME CREDIT:	\$ 2,303.00
EARNED INCOME CREDIT PER COMPUTER:	\$ 2,303.00
PRIOR YEAR EARNED INCOME:	\$ 0.00
FORM 8812 PRIOR YEAR EARNED INCOME CREDIT ELECT IND:	0
FORM 8812 PRIOR YEAR EARNED INCOME CREDIT:	\$ 0.00
NONTAXABLE COMBAT PAY ELECTION:	\$ 0.00
FORM 8812 NONTAXABLE COMBAT PAY:	\$ 0.00
TOT SS/MEDICARE WITHHELD: F8812:	\$ 0.00
FORM 8812 ADDITIONAL CHILD TAX CREDIT:	\$ 2,000.00
FORM 8812 ADDITIONAL CHILD TAX CREDIT PER COMPUTER:	\$ 2,000.00
FORM 8812 ADDITIONAL CHILD TAX CREDIT VERIFIED:	\$ 0.00
TOTAL PAYMENTS:	\$ 5,702.00
TOTAL PAYMENTS PER COMPUTER:	\$ 5,702.00

Refund or Amount Owed

REFUND AMOUNT:	\$ -5,702.00
APPLIED TO NEXT YEAR'S ESTIMATED TAX:	\$ 0.00
ESTIMATED TAX PENALTY:	\$ 0.00
BAL DUE/OVER PYMT USING TP FIG PER COMPUTER:	\$ -5,702.00
BAL DUE/OVER PYMT USING COMPUTER FIGURES:	\$ -5,702.00

Third Party Designee

This page is left blank intentionally.

STUDENT LOAN INTEREST DEDUCTION PER COMPUTER:	\$ 0.00
TUITION AND FEES DEDUCTION:	\$ 0.00
TUITION AND FEES DEDUCTION PER COMPUTER:	\$ 0.00
TOTAL ADJUSTMENTS:	\$ 0.00
TOTAL ADJUSTMENTS PER COMPUTER:	\$ 0.00
ADJUSTED GROSS INCOME:	\$ 23,770.00
ADJUSTED GROSS INCOME PER COMPUTER:	\$ 23,770.00

Tax and Credits

65-OR-OVER:	.0
BLIND:	.0
SPOUSE 65-OR-OVER:	.0
SPOUSE BLIND:	.0
EXEMPTION AMOUNT PER COMPUTER:	\$ 9,300.00
TAXABLE INCOME:	\$ 7,320.00
TAXABLE INCOME PER COMPUTER:	\$ 7,320.00
TENTATIVE TAX:	\$ 733.00
TENTATIVE TAX PER COMPUTER:	\$ 733.00
CHILD & DEPENDENT CARE CREDIT:	\$ 360.00
CHILD & DEPENDENT CARE CREDIT PER COMPUTER:	\$ 360.00
CREDIT FOR ELDERLY AND DISABLED:	\$ 0.00
CREDIT FOR ELDERLY AND DISABLED PER COMPUTER:	\$ 0.00
EDUCATION CREDIT:	\$ 0.00
EDUCATION CREDIT PER COMPUTER:	\$ 0.00
GROSS EDUCATION CREDIT PER COMPUTER:	\$ 0.00
RETIREMENT SAVINGS CNTRB CREDIT:	\$ 0.00
RETIREMENT SAVINGS CNTRB CREDIT PER COMPUTER:	\$ 0.00
PRIM RET SAV CNTRB: F8880 LN6A:	\$ 0.00
SEC RET SAV CNTRB: F8880 LN6B:	\$ 0.00
CHILD TAX CREDIT:	\$ 373.00
CHILD TAX CREDIT PER COMPUTER:	\$ 373.00
ADOPTION CREDIT: F8839:	\$ 0.00
ADOPTION CREDIT PER COMPUTER:	\$ 0.00
TOTAL CREDITS:	\$ 733.00
TOTAL CREDITS PER COMPUTER:	\$ 733.00

Other Taxes

ADVANCED EARNED INCOME:	\$ 0.00
TOTAL TAX LIABILITY TP FIGURES:	\$ 0.00
TOTAL TAX LIABILITY TP FIGURES PER COMPUTER:	\$ 0.00

Payments

FEDERAL INCOME TAX WITHHELD:	\$ 1,302.00
ESTIMATED TAX PAYMENTS:	\$ 0.00
EARNED INCOME CREDIT:	\$ 2,250.00
EARNED INCOME CREDIT PER COMPUTER:	\$ 2,250.00
NONTAXABLE COMBAT PAY ELECTION:	\$ 0.00
TOT SS/MEDICARE WITHHELD: F8812:	\$ 0.00
FORM 8812 ADDITIONAL CHILD TAX CREDIT:	\$ 1,627.00
FORM 8812 ADDITIONAL CHILD TAX CREDIT PER COMPUTER:	\$ 1,627.00
FORM 8812 ADDITIONAL CHILD TAX CREDIT VERIFIED:	\$ 0.00
TOTAL PAYMENTS:	\$ 5,179.00
TOTAL PAYMENTS PER COMPUTER:	\$ 5,179.00

Refund or Amount Owed

REFUND AMOUNT:	\$ -5,179.00
APPLIED TO NEXT YEAR'S ESTIMATED TAX:	\$ 0.00
ESTIMATED TAX PENALTY:	\$ 0.00
BAL DUE/OVER PYMT USING TP FIG PER COMPUTER:	\$ -5,179.00
BAL DUE/OVER PYMT USING COMPUTER FIGURES:	\$ -5,179.00

Third Party Designee

THIRD PARTY DESIGNEE ID NUMBER:	
AUTHORIZATION INDICATOR:	0
THIRD PARTY DESIGNEE NAME:	
THIRD PARTY DESIGNEE PHONE NUMBER:	

UNITED STATES BANKRUPTCY COURT

**NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a “means test” designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in instalments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them,

using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

Certificate of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer
Address:

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)
(Required by 11 U.S.C. § 110.)

X _____

Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

Certificate of the Debtor

I (We), the debtor(s), affirm that I (we) have received and read this notice.

Boxley, Tiffany S

Printed Name(s) of Debtor(s)

X /s/ Tiffany S Boxley

Signature of Debtor

10/10/2008

Date

Case No. (if known) _____

X _____

Signature of Joint Debtor (if any)

Date